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COMMISSION OF INQUIRY
INTO THE
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE
SUR L'USAGE DES DROGUES
A DES FINS NON MEDICALES

BEFORE:

Gerald LeDain, Chairman,
Ian Campbell, Member,
J. Peter Stein Member,
H.E. Lehmann, M.D., Member,
James J. Moore, Executive Secretary,

RESEARCH:

Dr. Ralph Miller,
Dr. Charles Farmilo.

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe.

January 31, 1970,
Education Building,
Memorial University,
ST. JOHN'S, Newfoundland.

1 --- Upon commencing at 12:30 p.m.

2
3 THE CHAIRMAN: Well ladies and
4 gentlemen, I call this hearing of the Commission of
5 Inquiry into the Non-Medical Use of Drugs to order,
6 and I would introduce my colleagues on the Commission,
7 and members of our staff who are here.

8 On my immediate right, is Dr. Heinz
9 Lehmann of Montreal; on Dr. Lehmann's right, Dean
10 Ian Campbell of Montreal; on Dean Ian Campbell's
11 right, Dr. Ralph Miller, our research associate on
12 the Commission; on my left, Mr. James Moore, Executive
13 Secretary of the Commission, and on Mr. Moore's
14 left, Mr. J. Peter Stein, a Commissioner from
15 Vancouver.

16 We have no briefs scheduled for
17 this occasion. This is, I think, perhaps the
18 thirteenth, possibly fourteenth university we have
19 visited in this initial phase of our inquiry, and
20 in each we have met with students, usually at noon
21 hour like this, and we have invited them to express
22 their views on this subject, to us.

23 I assume you know something of
24 our past. Very briefly, we are asked to examine
25 the extent of drug use in Canada, non-medical drug
26 use, and to report on the current state of medical
27 knowledge concerning the effects, and to inquire
28 into, and report on the motivation and causes of
29 non-medical drug use, not just the personal
30 motivations, but the other factors bearing on the

1 social factors, and its relationship to what is
2 happening to society, the larger significance.

3
4 And then we are asked to recommend
5 to the Federal Government what it can do, alone or
6 with other governments, and I am using now the words
7 of the terms of reference: in the reduction of the
8 dimensions of the problems involved in such use.

9
10 Now it has become clear to us
11 in the course of our inquiry, that if we are to
12 make any kind of a useful contribution to understanding
13 this phenomena, we have got to take a position on
14 some fundamental issues which involve values, you
15 might say they are moral decisions, and their effect
16 on society, and I think first is what is to be the
17 general response, general attitude toward the non-
18 medical use of mood-modifying drugs.

19
20 Is it all bad, or are there
21 distinctions to be made? Is it a thing that we should
22 try to keep under some kind of control, either by
23 law or other means? What is to be the wise, social
24 objective in relation to the use?

25
26 And then we get into some very
27 fundamental issues when we consider, assuming we
28 can agree on that, we consider what the social
29 response should be, in order to achieve this
30 objective and to pursue it intelligently.

Of course, the range of social
response runs from law, right through to self-control,
precisely personal judgment.

And then we come to a very fundamental question; what is the appropriate role of the law in relation to this phenomena? The law is only one measure of social control response, but this is very important in our inquiry.

We have heard a great deal of testimony on it, different opinions expressed, and the specific recommendations for changes in the law necessarily imply some value judgment at the proper control of the law in respect of this conduct.

We would like to have any benefit we could gain from your opinions, or anything we could hear from you on. I don't wish to restrict you, and I wouldn't want to confine it, but we would wish you to pose these things that -- problems we are wrestling with ourselves, and we think we could use all the enlightenment we could receive on these matters.

So I invite you to help us, and hope that we can have a discussion here today.

There are a couple of mikes here.

If you wouldn't mind going to the microphone.

What do you feel on the present state of the law on this subject? What are your views?

If someone will jump off the wharf, it is not so bad when you get in.

Memorial University is not going to be different from any university we have attended?

1 I am not going to have to adjourn the hearing for
2 lack of a statement, am I?

3
4 In St. John's we had a very
5 stimulating morning, discussion and public hearing,
6 very informative. We heard from students, and we
7 heard a very careful brief, and we came over to
8 Memorial at noon, and the question was put, "What was
9 your feeling about the present state of the law, what
10 was the role of law in relation to this phenomena?"
11 and no one had anything to say.

12 DR. LEHMANN: Mr. Chairman, I think
13 it would have to be interpreted as an endorsement of
14 the status quo, regarding the law.

15 THE CHAIRMAN: Yes.

16 THE PUBLIC: I would like to
17 disagree with that statement.

18 I didn't want to speak, because
19 I am a member of the committee which presented a brief
20 here this morning, and maybe, you know, there is not
21 that many people here because all our local "heads"
22 today are on campus, and there would be "narcs"
23 around, and they would be taking names.

24 This is one reason. But I don't
25 agree with the present laws. After doing a study
26 into the drug situation on our campus, and I don't
27 know if you have read it completely yet, I think you
28 find that people are not agreeing with the laws,
29 people do not think marijuana should be in the
30 same category as heroin, or maybe even LSD, sedatives,

1 things like this.

2
3 Personally, my views are on
4 marijuana, I think it should be legalized, the same
5 as alcohol right now, but maybe we could, as the
6 report suggests, set a moratorium for a generation
7 or so, to see what the effects are on marijuana.

8 Personally right now, we don't
9 have that much information on it, that we could
10 legalize it immediately. From the only reports we
11 have seen and written reports from different places,
12 I do not see any -- or I have not seen any harmful
13 effects of the drugs, marijuana, and I would like to
14 see it legalized.

15 But I think detailed, and controlled
16 should be taken into -- and that is why I think for
17 ten or twenty years, this moratorium be held, and the
18 law could be relaxed, and then we could get your
19 information at the end of that time, and then make a
20 final decision on it.

21 LSD, sedatives, things like this,
22 narcotics, they are all in a completely different
23 category, and I think different control should be put
24 on then.

25 Narcotics, I don't think, should
26 ever be legalized, although some people may disagree.

27 LSD and speed, personally I am
28 not sure about them right away. LSD and speed I
29 have no faith in. As they say, speed kills, and LSD
30 can blow your mind, so I would like to see controls

1 put on them, until there are more studies done.

2
3 MR. STEIN: Would it be your view
4 then, that with the drugs that you referred to as
5 narcotic, that it is appropriate to use the criminal
6 law to deal with people in possession of these drugs,
7 users, in other words?

8 THE PUBLIC: I don't know, because
9 some people who are on marijuana are like alcoholics,
10 and they have got to have it, and I don't think you
11 should treat people like these as criminals, but
12 people should be put in a hospital, and be cared for.

13 MR. STEIN: Whether they want it,
14 or not?

15 In other words, would you be in
16 favour of some kind of compulsory medical treatment?

17 THE PUBLIC: Yes, I think so, but
18 the thing is you have got to draw the line where a
19 person needs medical treatment, and where a person is
20 a criminal, and that's why I would like to see more
21 research done.

22 MR. STEIN: Well, some individuals
23 have said that it is their own business, whether or
24 not they want to become physical dependents, as they
25 might with a hard drug. Whether they want to become
26 physically dependent or not, it is not the business
27 of the state to interfere with this.

28 And even if they might become
29 dependent to the point that they would have
30 physical withdrawal symptoms, if they stopped using

1
2 the drug, that this is their own personal choice,
3 and that this isn't a matter that the state should
4 have anything to say over.

5 Do any of the others have any
6 views on this question about whether or not the
7 use of any drug is an appropriate matter for the
8 criminal law, be it marijuana, heroin, amphetamines,
9 alcohol?

10 Could you come down to the
11 microphone? It is difficult for everyone to hear.
12 Or would you rather not?

13 Could you shout then a bit.

14 THE PUBLIC: Wouldn't you have
15 to take into consideration the age, of whether a
16 person is, say sixteen?

17 MR. STEIN: In what way would
18 the age be a factor, do you feel?

19 What difference should it make,
20 as far as the law is concerned?

21 THE PUBLIC: (inaudible)

22 MR. STEIN: What difference
23 would you make; in other words, would you suggest
24 someone over twenty-one should be treated as a
25 criminal?

26 THE PUBLIC: I think so, if the
27 drug is, you know -- but you know in case of what
28 the danger of this, I think there should be some sort
29 of health, you know, medical institution.
30

1 DR. LEHMANN: There are different
2 kinds of harm.

3 You refer to really a harmful
4 drug, and you hear this very often, and of course
5 if most people will make this distinction, between
6 drugs that are really harmful, or very harmful, and
7 others that are not so harmful, or hardly harmful
8 at all, or less harmful than alcohol. The difficulty
9 lies hidden in this harmful.

10 For instance, what would you con-
11 sider to be particularly harmful. Heroin produces
12 a harm of making somebody physically dependent. They
13 live quite happily and healthily, as long as they
14 have their drug, but they have to have it. They
15 are enslaved to it.

16 Well, in a way, you may say that
17 a person might have to have the presence of another
18 person, and only be happy. But as long as that is
19 there, it is all right.

20 Now, speed on the other hand,
21 causes physical harm in another way, they lose weight,
22 they lose sleep, they lose their resistance to
23 infection. They might become psychotic.

24 Now alcohol, you know the harms
25 of alcohol, it may give you cirrhosis of the liver
26 if it is taken in excessive amounts.

27 Now, what kind of harm do you
28 think is so really bad, that the state ought to
29 interfere?
30

1 THE PUBLIC: Well, when it comes
2 to the point that a person, you know, taking an over-
3 amount of this drug in regards to alcohol.

4 Now alcohol, it is treated --
5 but it (inaudible)

6 DR. LEHMANN: Should alcoholics
7 then be interfered with by the state?

8 THE PUBLIC: Should alcoholics be
9 interfered with by the state? Yes, I think they
10 should be.

11 THE CHAIRMAN: Yes.

12 THE PUBLIC: Could you tell me
13 when the existing laws that were passed on marijuana
14 came into effect, the original law?

15 THE CHAIRMAN: It was in the '20s,
16 around '22, 1923.

17 THE PUBLIC: Do you know where the
18 -- this law was based?

19 THE CHAIRMAN: Well, all we can
20 infer, and what has been shown in the way of history,
21 is that possibly it was immediately attributable,
22 decision was immediately attributable to some public
23 controversy over the subject, which had been
24 stimulated by one writer in particular, one person
25 who wrote about it, and created some concern about
26 cannabis.

27 We don't know. There may have
28 been some other factors in the whole international
29 community, dealing with this factor, and so on.
30

1 We don't really know what.

2 But I don't think anyone has
3 suggested it was done because of some particular
4 scientific knowledge made available at that time.

5 THE PUBLIC: The gentleman back
6 here suggested that probably we do studies for
7 twenty years on the effects of marijuana, then after
8 the twenty years probably then we would know more
9 about it.

10 But having tested marijuana since
11 the '30s. I know in the United States, I read some
12 reports on it, and when reading them I haven't shown
13 any evidence to show it had harmful effects.

14 THE CHAIRMAN: Well, there have
15 been some tests. I probably should let Dr. Lehmann
16 summarize.

17 DR. LEHMANN: You are right.
18 There were tests in the '30s, late '30s, reported
19 by the LaGuardia Commission appointed by the mayor
20 of New York at the time, a scientific commission to
21 thoroughly look into the whole question of the
22 effects of marijuana, potential harmfulness, and so
23 on, and they came out with a thorough, very thorough
24 report, very thorough for the time, and also of
25 course, showing the limitations of research at that
26 time, but it was only a short term investigation.

27 All they could say is in a short
28 period of time, over a few weeks, or a month, there
29 was no harmful effect.
30

1
2 But as this gentleman pointed out,
3 he is quite right.

4 Ten or twenty years might be
5 required before we know of the long term effects.
6 Think of the contraceptive pill. It had been
7 thoroughly tested for a year and a half before --
8 on a million people or so, before it was considered
9 to be completely safe. Ten years later, and twenty
10 million more people having taken it, all of a sudden
11 all kinds of potential dangers were discovered, so
12 it may well take ten or twenty years before we really
13 know what long term effects would be of marijuana.

14 Nobody knows.

15 THE PUBLIC: But you know a person
16 can become, say, addicted to a drug.

17 Why, in the beginning, do they
18 purposefully set out ^{can} you become addicted to this drug?
19 If so, why, what is there lacking, that they have to
20 go and do this kind of thing?

21 And to begin with, if a person
22 has to go out and depend -- consciously make an
23 effort, it seems to me there is something wrong some-
24 where. It just doesn't make too much sense, because
25 you can talk all you want about a person being
26 addicted to it, or having to have this drug, but it
27 makes you get to the root of it, and say, well why,
28 then you are missing a lot.

29 Then you can talk about drugs
30 being dangerous, or not, legalizing them or not,

1 but why do people do it?...

2
3 Maybe there is someone who is
4 there, that knows, I don't.

5 THE CHAIRMAN: Why do they?

6 THE PUBLIC: I think the emphasis
7 should be on people, and you are not ^{too} people, but the
8 law enforcers that put all drugs in one category,
9 and have marijuana and LSD and one law for all the
10 drugs, they are all in the same category, and they
11 are all the same to them, it is illegal and they
12 are being pushed by, say, the mafia.

13 They don't take it for the
14 purposes of being addicted, they just take it because
15 it is a way of life now, to a lot of young people.

16 But if it was clearly defined
17 by the law enforcers, so they knew which drugs were
18 really harmful, and which drugs weren't, I think then
19 if they legalized marijuana, there would be a reduction
20 in the amount of heroin and speed and LSD that is
21 taken now.

22 THE PUBLIC: In other words,
23 people are being forced to take something they
24 would ordinarily not take, is this the case?

25 Or do people consciously say
26 to themselves, "Well this is what I want?"

27 THE PUBLIC: They are not being
28 forced, but I don't think they know enough about
29 different drugs, and I think by putting them all
30 in the same category, and take them off the same

1
2 level, sort of.

3 MR. CAMPBELL: I think technically
4 in a sense you are wrong.

5 The law doesn't put them all in
6 the same category of the psychoactive drugs you are
7 generally talking about.

8 Marijuana, the opiates, ^{are} under the
9 Narcotic Control Act; acid on the other hand comes
10 under the restricted drugs. It is a different
11 statute.

12 Tobacco, which is a psychoactive
13 drug, what does it come under, Criminal Code I guess,
14 as far as selling it to people under sixteen, but
15 apart from that it doesn't come under the law.

16 On the other hand, alcohol, which
17 is a psychoactive dependency producing drug, is
18 regulated much more at the provincial level, by
19 Provincial Statutes. There is, in fact, a fair amount
20 of distinction in drugs, so long as one is realistic
21 enough to recognize that nicotine is a drug, alcohol
22 is a drug.

23 And if you want to take the stage
24 the further, you have/virtually totally uncontrolled
25 psychoactive drugs, such as caffeine. There is
26 no question at all about that when you take coffee,
27 or for that matter, tea, you are ingesting a drug
28 that has a psychoactive capacity, and which produces
29 a number of identifiable psychological and physiologic-
30 al effects.

1
2 But I think your point really was,
3 was it not, the treatment of marijuana and heroin and
4 acid, as to similar, rather than being identical?

5 THE PUBLIC: Right.

6 The point I was making finally,
7 was that publicly if marijuana were legalized, there
8 would be a reduction in the other drugs, because
9 kids nowadays think, that they take drugs, and if they
10 could get marijuana I don't think it produces any
11 unhealthy effects, and probably there wouldn't be
12 this urge to get their hands on the other drugs,
13 because they would have this marijuana.

14 MR. CAMPBELL: Has it been your
15 observation here, that in periods of shortage of
16 grass, for instance, that acid use has gone up, that
17 if grass and acid are short, speed use goes up? Is
18 this the case?

19 THE PUBLIC: This is the case.

20 THE CHAIRMAN: Gentleman at the
21 back.

22 THE PUBLIC: I would like to
23 make a comment on the idea that if marijuana was
24 legalized, there would be a drop in the use of
25 the other drugs.

26 I think that would be so, on a
27 short term basis. But I think that what would happen,
28 it is the same as -- I think people are taking drugs
29 -- is that, O.K., so you can get liquor, but now
30 drugs are available, and liquor has no longer any

1
2 appeal, you want something new, you always want new
3 kicks, and so you move to marijuana.

4 O.K., so you can get marijuana.
5 Now marijuana is available, let's say it is legalized
6 and it is available, and everybody can get it, but
7 it seems to me, O.K., you get more kicks from LSD
8 or something else, and so after a while, marijuana
9 doesn't have the appeal, and you move on to other
10 drugs, and this is the thing I see happening.

11 MR. STEIN: What do you conclude
12 about this?

13 Some people have suggested that
14 the only way for our civilization to come to terms
15 with this business of drug using, is to make it all
16 available without legal control, and put the
17 responsibility on the individual, and on the society,
18 through various other social responses than law, to
19 have to learn how to deal with this.

20 Others have suggested, no, we have
21 got to suppress the development of this, and keep
22 it illegal, prohibited.

23 Which approach do you favour?

24 THE PUBLIC: Well, I don't like
25 to take either one, as extremes.

26 I don't think that you
27 can legalize them all, because a person -- you have
28 got to look from the point of view of protecting
29 a person's rights and property, and if a person
30 is on drugs, or if there is any danger in causing

1 any harm to any other individual, in any way, then
2 that person to me is committing a criminal act, or
3 is a potential criminal, and I think you have to
4 deal with this, and you have to have laws that
5 allow you to deal with this. So I wouldn't personally
6 say that you should legalize all drugs, and take it
7 as a social responsibility.

8 As far as repressing them all, I
9 don't know whether that is going to work either.

10 MR. STEIN: Are you suggesting that
11 the law should concern itself with behavior that is
12 threatening, or dangerous, to other people, and when
13 the individual who may become dangerous, because of
14 the fact he has ingested a chemical, the law should
15 operate in advance of his actually behaving in a
16 dangerous way, it should control him when he is
17 really at the point of use, rather than at the point
18 that his behavior has become manifested as dangerous?

19 THE PUBLIC: Well, this brings
20 us to the fact about the question we mentioned a
21 minute ago, about the fact whether a person should
22 be forced to go to hospital, for instance, if they
23 don't want to.

24 And this to me, comes back to a
25 sort of value judgment about social values themselves.

26 Like, if a person wants to commit
27 suicide, should he be allowed, should there be a
28 law against this? And again, it is a personal opinion.

29 I don't think you control what a
30

1 person does, by himself, provided he is not interfering
2 with others. So that if a person wants to take
3 drugs, and how you decide this, like for instance if
4 a person is married and say he is an alcoholic, well
5 if you say this is affecting his family, and children
6 and so on, then maybe you could call him a criminal
7 in that respect.

8 I don't know how you draw your
9 lines, but if a person is taking drugs, or is an
10 alcoholic, or wants to commit suicide, and if you
11 can determine this doesn't have any effect on any-
12 body else, that he is not interfering with anyone
13 else, then I think you have got to let him go ahead
14 and do it.

15 MR. STEIN: Supposing it is having
16 an effect on somebody else, does it necessarily follow
17 that you would call him a criminal.

18 THE PUBLIC: No. If the person
19 can be -- if the person wants treatment, I think that
20 this should be the first alternative, the person should
21 be given an opportunity for treatment if he is an
22 alcoholic, or if he is on drugs, I think he should be
23 given an opportunity for treatment first, before he
24 is called a criminal.

25 On the other hand, if a person
26 doesn't want to be treated, and if you can't, say if
27 you can't encourage, or you can't convince that
28 person that he should be treated, then you have to
29 treat him forcibly, if he is going to cause harm to
30

1
2 somebody else.

3 THE PUBLIC: Just to bring it down
4 to a basic thing, of what is the purpose of law?

5 I am talking about the thing of --
6 laws are to protect society. I think that if you take
7 any particular drug, or any particular substance of
8 any kind, and you think society generally is going to
9 be harmed from it, then I think we have the right,
10 you know, as society, or members of society, to pass
11 a law, as we have with any other law.

12 And with marijuana, it is very
13 difficult to say. We tolerate alcohol, and yet studies
14 show that people who drive cars using marijuana, are
15 less of a hazard than someone who is driving a car
16 using alcohol.

17 Maybe if we could develop some kind
18 of a breathalyzer test, or take a blood sample, or
19 something like this, and keep anybody who has broken
20 the law, who has driven a car who has taken marijuana,
21 and have stiff fines, or criminal penalties of one
22 sort, and a fine.

23 But when it comes to some drugs
24 where we are absolutely positive that they may be of
25 harm to society, I think we have to take the legal
26 steps, or criminal steps, against these people.

27 Now, I think you have to broaden
28 your idea of how you come to society in the sense of
29 whether you are, you know, actually driving a car.
30 This is, one day somebody is driving a car, and he

1 actually kills two or three people in a car.

2 Obviously, that chap is a harm to society.

3
4 The way the law is interpreted to
5 drugs, we say a person who is pushing drugs, for
6 instance, is harmful to society, and I think this is
7 a valid distinction, and we have to keep this kind
8 of distinction in mind, when we are talking about
9 this situation.

10 MR. STEIN: Dr. Lehmann was saying
11 before, that^{it} is quite conceivable to talk about a
12 person using heroin regularly, getting a regular
13 amount of heroin, and carrying on a responsible,
14 creative existence.

15 If it is within the realm of
16 possibility, and there are attempts, and England is
17 one country that has attempted to work out a different
18 arrangement for persons using heroin.

19 Would you, from your statement,
20 certain drugs are clearly harmful, would you agree
21 that maybe the question of physical harm is one that
22 might be re-examined, or do you disagree with this
23 idea that physical harm could be less of a problem.

24 THE PUBLIC: I think the way we
25 have to look at it, is use. Because some population
26 may say they are going to use a drug, where the
27 Canadian society may not be affected by this.

28 You know, I may be (inaudible)

29 I would personally say, that if
30 30 percent of the population uses this drug, becomes

1
2 addicted to it, and affects their action with the
3 culture generally, then I think we have a right to
4 prohibit it.

5 But again, you know I am not
6 going to sit down and make a judgment on whether
7 it is detrimental, or not, because I don't know.

8 If a narcotic addict, or a heroin
9 addict can function as a normal member of society,
10 then I don't think we have a right to have a law
11 against them.

12 MR. STEIN: I am not sure whether
13 I would make a statement that is confusing, I am
14 just wondering whether there are indications that
15 are possible.

16 For example, right now one of
17 the treatments for heroin addicts in this country,
18 is to provide them with a daily medication called
19 methadone, which is a narcotic, and which has
20 different kinds of -- Dr. Lehmann could describe
21 this better than I could, but different kinds of
22 physical effects.

23 But anyway, what I was trying to
24 raise with you, was the question of whether you were
25 certain, as to whether physical harm in itself was
26 a simple, clear-cut category.

27 THE PUBLIC: I see. Physical harm
28 to an individual, fine, the unfortunate thing here
29 is that anybody over twenty-one, or anybody over
30 sixteen, could use the drug, but I am sure in

1 Vancouver, you are aware of the fact there is no way
2 of controlling it under sixteen for instance.

3 Acid is just as easy to get, for
4 somebody that is in grade ten, or ten or eleven
5 years old, for that matter, just as easily as it is
6 for one twenty-one or twenty-two.

7 THE CHAIRMAN: Do I understand
8 you say, you make an exception to the principle
9 whether an individual wants to do harm to himself,
10 it is his own business, and you make an exception
11 to the principle insofar as young people are con-
12 cerned At some point that principle doesn't apply
13 to young people, that they have to be protected.

14 I am reading a lot into it, but
15 I am not trying to put words into your mouth.

16 What do you think that distinction
17 warrants, in the way of social action, including
18 governmental action, and law?

19 How is that protection reasonably
20 to be afforded?

21 THE PUBLIC: It is a question I
22 couldn't answer. It is the question I am raising,
23 how could you -- if we legalize it, we would probably
24 set a limit, because certain drugs are so easy to
25 get, that a twelve year old could easily get three
26 dollars, or four dollars worth of hashish.

27 THE CHAIRMAN: Are we warranted
28 in using the criminal law to prevent the availability
29 of harmful substances to young people, or to anyone,
30

1 for that matter?

2 But let's say with young people,
3 for the moment.

4 THE PUBLIC: I think we deal with
5 alcohol. I mean, this is the way the law is here.

6 Perhaps if you control, say,
7 marijuana, that narcotics could be legalized if it
8 was under some government agency, that it would be
9 uneconomic for someone to traffic in it.

10 Like, pornography in Belgium,
11 they legalized it, the government controlled it,
12 and there wasn't that -- the underground thing would
13 go out of business.

14 THE CHAIRMAN: Yes?

15 THE PUBLIC: Yes, just another
16 point on this thing about the law, and what it should
17 be addressed to.

18 I think it is wrong to try to
19 justify laws, regulating drug use, by saying that
20 drugs are physically harmful, or something like that.
21 And that if there is going to be a law, there is
22 going to be a law something like ^{for} the overall good
23 of society, and considering the effect on the masses
24 use of drugs can have, I think that is having a real
25 one, just in the sense maybe that three times as
26 many students, for instance, are twice as pacifist
27 as they might have been once.

28 THE CHAIRMAN: Pacifist?

29 THE PUBLIC: I think words are
30

1
2 having an effect on a mass of people in this regard.

3 Well, particularly now, the way
4 the laws are, because so many people are spending
5 half the time considering just how rotten these laws
6 are, when they could be up to something else, if the
7 laws didn't exist, for instance.

8 That is one point there. If there
9 are going to be any regulations at all, I think they
10 should be addressed to the whole society, and not to
11 the individual. I don't think you can have laws that
12 say you can't use marijuana because it is going
13 to wreck your health. You might just as well say,
14 "You shouldn't eat burned toast, because it is going
15 to cause cancer."

16 I think if the laws have to be
17 considered, this is what it has to be addressed to,
18 not to the individual.

19 THE CHAIRMAN: Have you any
20 views as to what might be, in your judgment, the
21 long term effect on society, of increasing drug use,
22 very extensive non-medical drug use?

23 THE PUBLIC: No. I don't have
24 any idea.

25 The only thing I can say, is that
26 at this point/^{it} is having an effect on society in that
27 so many thousands of people are thinking about it,
28 and using drugs, and evading the pros and cons of
the issue, and this is a definite effect, because
it is a whole new phenomenon that is taking all sorts

1 of time, and people are doing this when they might
2 be doing something else.

3 Now for good or bad, I don't
4 know, but this is definitely an effect.

5 THE CHAIRMAN: What kind of
6 effects on society does society have a right to
7 concern itself with through law?

8 THE PUBLIC: Well, again I am
9 not really sure you have to settle for the lesser
10 of evils.

11 Like, alcohol definitely has some
12 sort of a mass effect on society, but prohibition
13 has a worse one.

14 So you know, you have got to
15 consider the lesser of evils, and I don't think you
16 can eliminate these things altogether.

17 And the problem of drugs is, it
18 is such a recent phenomena, at least to the present
19 extent it is, and I don't see any way of determining
20 the mass effect at all, for a long while, but I
21 don't think we are accomplishing anything by trying
22 to stifle this would-be effect, by the laws on
23 marijuana now, present laws.

24 THE CHAIRMAN: Yes.

25 THE PUBLIC: I think there was
26 an interesting comment made there, about the idea
27 of prohibition, and I am not putting forth a point
28 of view, I am asking a question here.

29 Alcohol you can get now, and if
30

1 you prohibit it altogether, I think you would really
2 raise a hullabaloo.

3 Like he says, prohibition, it would
4 really be a racket. But drugs are now illegal, and
5 before you make the step of legalizing it, you have
6 got to look at the situation.

7 He is talking about lesser of two
8 evils. We have got the evil of alcohol now, and it
9 is a lesser evil than prohibiting it, and having the
10 racket and the mafia, and the whole bit. Maybe. We
11 are still at the stage where drugs are illegal.
12 What would happen if you legalize it? I don't know.

13 You get to the fact that people
14 now, where they have got this evil, it is available
15 to them, and you can't take it away now. So this is
16 something I think we should consider before you do
17 that.

18 I am not offering a view, I am
19 just bringing out a question that I think is important,
20 to compare the two, and what has already happened
21 with alcohol.

22 MR. STEIN: This brings up a
23 question that was in my mind, in terms of the avail-
24 ability of the drugs that are presently illegal, the
25 availability of these drugs here in Newfoundland, or
26 particularly, here at Memorial campus.

27 In other words, are the hallucino-
28 genic drugs, like LSD or marijuana, or for that matter
29 any of the illegal drugs, readily available here?
30

1 Is it difficult to come by? Is
2 it something anyone could give any indication?

3 THE PUBLIC: I don't know if you
4 are asking the right person.

5 I can answer myself, and say I
6 think if I wanted to get ahold of marijuana right
7 now -- I am not sure about LSD -- if I wanted to
8 get ahold of some marijuana, I think I could.

9 I will just end with that
10 comment.

11 THE PUBLIC: Right now in St. John's
12 it is probably the other way around.

13 You would have a hard^{er} time getting
14 marijuana than you would LSD at this present moment.

15 Maybe next week it would be
16 the other way around, or maybe the week after you
17 could get mescaline.

18 MR. STEIN: In other words, there
19 is a regular supply of something that is available.

20 THE PUBLIC: If you know the
21 right people, yes, there is.

22 THE PUBLIC: I think it is
23 available to anyone on campus that is going to take
24 a drug, that within a month they could reasonably
25 expect to have it, marijuana or LSD.

26 MR. STEIN: The reason I brought
27 it up is in relation to your point about prohibition.

28 There are some suggestions that
29 seem to indicate that there is such a prevalence,
30

1 or availability of these drugs in other parts of
2 the country, at any rate, that it no longer really
3 makes much sense to talk about prohibition, in that
4 the drugs are so readily available.

5 It is not a matter of introducing
6 them to the community, it is a matter of trying to
7 regulate their existence in the community.

8 Now this varies very much, from
9 city to city, and it varies certainly from country
10 to city.

11 THE PUBLIC: If that is the case,
12 then I think you have to talk about controls, rather
13 than about ---

14 MR. STEIN: I am not sure, really,
15 about what is the case, and I wanted to know what
16 the case was here.

17 THE PUBLIC: Just personally, I
18 think they are available, like this gentleman says,
19 if somebody wants to go and get them. It is going
20 to be a little bit of trouble. There is not somebody
21 standing here every day, trying to hit you, and if
22 you want some you have got to go to get some, and
23 you have got to know the right people, and you have
24 got to ask around, and you might be asking around
25 for a while, but I think you could find it, and then
26 again, it just depends on who you know, and how badly
27 you want them.

28 I don't think they are that
29 widely available, in that sense, that they are
30

1 being "pushed" you know, but again, in a case where
2 they are readily available, so the point prohibition
3 doesn't mean anything anymore, then you have to
4 shift the priorities, I believe, the controls.

5 THE CHAIRMAN: Yes.

6 THE PUBLIC: I would just like to
7 make one additonal point on that.

8 I think this business about
9 prohibition and the law, it is in this area where
10 marijuana, for instance, has a great amount of its
11 appeal. I think this is being a bit naughty, and
12 violating the law, and most people think it is hardly
13 fair anyway, that contributes a great extent to
14 the appeal ^{which} marijuana has with young people, and
15 I think this was true in prohibition, where a drink
16 tasted twice as good, and where you had to go through
17 such a rigmarole to get it.

18 THE CHAIRMAN: Yes.

19 THE PUBLIC: It really depends on
20 what you want to compare it to, you know, in terms
21 of, say, Toronto and Vancouver.

22 As far as I know, it is not that
23 prevelant. But in regards to, say, what was wrong
24 two years ago, or three years ago, it is much more
25 prevelant here.

26 But the second point about the
27 Student Union's brief, where apparently
28 they didn't release it before they gave it to you
29 people, but apparently they suggested ^{that} you legalize
30

1 it for twenty years, and I think this is the most
2 naive attitude I have ever heard.

3 It is impossible, and I can't
4 conceive the Student Union say you legalize something
5 for twenty years, and then in twenty years try to
6 repeal the law, like marijuana, when the nation is
7 probably six feet in grass, or something like this.

8 THE PUBLIC: You asked what kind
9 of quantity there was around. I think a good
10 indicator of the sort of quantities of marijuana,
11 at least, are in St. John's, a pusher or seller will
12 hang on to what he has got to adjust the price.

13 It is sufficiently a seller's
14 market, but you can, if you want to go, make it known,
15 you can get it.

16 I would just like to, on the point
17 of selling, bring up one point that hasn't been
18 mentioned here. In formulating laws about the use
19 of drugs, and whether they are legal or not, I think
20 that if they are illegal, we have gone to
21 the point now, where there will always be an under-
22 ground traffic in drugs. And I think you must always
23 consider the potential for financing of criminal
24 operations through the sales, through underground
25 sales, or black market sales, and the effect this has
26 on society.

27 THE CHAIRMAN: Yes.

28 THE PUBLIC: It seems to me, that
29 with every evil society brings forth, if you say, "Well
30

1 let's legalize it rather than have the mafia run it "
2 you are going to degenerate pretty quickly.

3
4 And to me, the problem is how you
5 control the underground, how you stamp out the
6 underground, rather than, you know, let's legalize
7 this so the underground can't get ahold of it.

8 MR. STEIN: You have used the
9 word "evil " each time you have talked about drug
10 use.

11 Do you associate all drug use
12 as being evil?

13 THE PUBLIC: No, I am not saying
14 it is evil, I am saying, if reports show, O.K.
15 maybe marijuana isn't, that is fine with me you know,
16 I don't think it is a necessary evil.

17 Obviously you people haven't
18 decided yet, or reports haven't shown, you want to
19 know long term effects.

20 All I am saying is, that if you
21 are talking about, let's say you decided LSD has
22 long term effects, and it should somehow be curbed.
23 Then I think that you have got to have laws to
24 curb these things, and then control underground
25 trafficking in liquor, rather than, say, well legal-
26 ize it because they are going to be on the go anyway,
27 and you are sort of adding spark to the fire if
28 you put them underground.

29 THE PUBLIC: If you legalize
30 drugs, I don't see what underground would exist

1
2 then, because I don't think it would be that
3 expensive to make up acid.

4 I mean, I think the mafia is
5 supposed to have large chemical plants in the
6 San Francisco area, and if this was legalized, and
7 it was run by a government corporation, or even a
8 government company, I don't see how underground would
9 exist, what would be the reason for it.

10 There is always one point, if
11 there was some pressure put on the government, for
12 instance, in the United States by the mafia, where
13 they do enter into political circles to keep the laws
14 as they are, so that they can keep them underground
15 as it is, make the huge profits that they are making.

16 If these laws are legalized, it
17 would make quite a difference.

18 THE PUBLIC: That is the whole
19 point I am making.

20 You see the emphasis is making,
21 I think, maybe I am interpreting him wrong, but it
22 seems the emphasis in his argument is legalize it,
23 and you wipe out the mafia.

24 THE PUBLIC: You wipe out the
25 mafia.

26 THE PUBLIC: How can they operate,
27 because whatever they are promoting, their sources
28 have many drops, and I am saying that is the wrong
29 approach.

30 You have got to -- if you decide

1 something is wrong for society, and again I say if,
2 then make it illegal, and then place your emphasis
3 on getting rid of the underground.

4 THE PUBLIC: I would like to ask
5 this gentleman how much the mafia are now making in
6 selling bootleg liquor, and how much they are making
7 on drugs.

8 Probably Al Capone and his boys
9 are making a fortune -- and made a fortune in liquor.
10 When liquor was legal, there was not much point for
11 a bootlegger.

12 DR. LEHMANN: You would say that
13 the fact that the mafia could make money is a greater
14 evil than anything else that could happen in society,
15 and you would stamp out the Mafia among everything
16 else.

17 THE PUBLIC: Well, if you would
18 legalize drugs, then you could put your own
19 restrictions on it, like now and alcohol, and it
20 could be sold through the drug stores, with restrictions.

21 I mean, a kid can't go into a
22 liquor store and buy liquor.

23 MR. STEIN: You can in California.

24 THE PUBLIC: How old do you have
25 to be in California?

26 Well, it is twenty-
27 one there, yes.

28 THE CHAIRMAN: Would it be fair
29 to say that your proposition is that you cannot
30

1 effectively restrict, or abolish, the availability
2 of drugs, so that you had better -- they are going
3 to be available because the interests of users, and
4 the interests of the big crime traffickers, so you
5 had better face the fact they have got to be available
6 and you should legalize them all, regardless of their
7 harm, potential harm; is that a fair statement?

8 THE PUBLIC: It is a fair
9 statement, and proposition, but then I would like
10 to reiterate that. I think there should be limit-
11 ations put on different drugs.

12 In that first statement, I just
13 said drugs in general, but I don't think marijuana
14 should be put in the same category as other drugs,
15 it should be kept separately.

16 DR. LEHMANN: The big money with
17 the mafia, is made with heroin, not with marijuana.

18 THE PUBLIC: I was thinking of
19 that, and speed.

20 THE CHAIRMAN: Is there any
21 discussion about the mafia, and the distribution of
22 marijuana.

23 If that information is available,
24 and anyone would care to express a view on it.

25 Yes.

26 THE PUBLIC: I don't think there
27 is. There is no great pushing, and people don't
28 get the cash and get it in the city.

29 (inaudible)
30

The other thing I would like to say is, let's get down to the problem of -- where drugs law.

We have dealt with -- posters all over the university, and I think the problem lies with the parent generation, not the present generation.

We look around here, and mostly we have teenagers, people in their early twenties here today, and no parents, and I am trying to figure out why they didn't come.

These people write in to "Dear Abby" and "Ann Landers" and they are around in the morning, and they talk about how university students are injecting catsup and stuff into their arms.

I think this is where our problem lies, and these people are maybe ignorant of the facts, and all facts concerning drugs, and maybe it is a prejudice on their parts, and they don't want to learn anything else about it. They think the facts are all out.

And I think this is where the problem lies, and it is with the parent generation, and not with our generation.

Maybe someone else has a different
viewpoint on it.

THE PUBLIC: I don't know how many people were at the Commission this morning at the Hotel, whether it was mostly adults or teenagers,

1 or anything.

2
3 THE CHAIRMAN: There was a small
4 gathering, I guess, but it was quite a mixture, and
5 there were a lot of adults there, and for a while
6 we thought that we were going to encounter a
7 phenomenon that we have never dreamt of in our
8 travels, that we wouldn't have any young people there.

9 And we almost felt that our
10 meeting wouldn't be properly constituted, but young
11 people came, and presented some very, as you have
12 heard, they were very helpful, there was a very
13 helpful brief and contribution.

14 But what you just expressed is
15 something we have encountered across the country.
16 We have had a lot of concern about the extent to
17 which we were hearing the views of parents, and
18 we have had parents come out.

19 This morning some were there. One
20 in particular, spoke very forthrightly.

21 But it is not peculiar to St.
22 John's. We have given thought to what the reasons
23 are. We had quite a striking evidence of difficulty
24 in Halifax, in the evening. We tried to have an
25 evening meeting of free discussion, parents and
26 young people, it was unstructured.

27 I wouldn't say it wasn't informative,
28 I wouldn't say it was completely lacking in value,
29 but it was pretty clear to us there was a strong
sense, on the whole, of inhibition on each side.

1 There was a kind of -- it really
2 didn't get off the ground, and we don't know what
3 it is.

4 I don't know that it is a feeling
5 of not wanting to know, maybe that is an interesting
6 possibility. We have found that there is one thing
7 that we don't as adults -- our generation doesn't
8 know enough to engage in discussion.

9 Possibly our generation doesn't
10 want to be made reactionary, conservative, or worse,
11 in what is a pretty, you know, liberal or progressive
12 atmosphere of social criticism. I don't know. We
13 don't know what it is, and it is troubling us quite
14 a lot, and we have got to take our own format.

15 We are getting a good exchange
16 in our public hearings, and as I say, we are going
17 to try to make a better contact with the parents.
18 We welcome any suggestions you might have about how
19 we might more effectively make contact with the
20 opinion of parents.

21 THE PUBLIC: The thing is, that
22 you say our generation ---

23 THE CHAIRMAN: I guess I have to
24 include myself there.

25 THE PUBLIC: Most of the people
26 you get at your meetings all across Canada, would I
27 be safe in saying they were public official people,
28 like yourselves, doctors?

29 THE CHAIRMAN: No, I'll tell you
30 what we will have. I will give you a little idea.

1
2 We have had a good representation
3 of institutions, for example, as we did this
4 morning, and we will, as we continue later on today.

5 I think we heard quite well from
6 institutions in every field, law enforcement,
7 education, medicine, pharmacology, research, welfare,
8 probation, counselling and so on.

9 We have heard very well from young
10 people. I mean, we feel we have made effective
11 contact with young people, and we have heard what
12 they feel, and they have played a very important part
13 in contribution to our work.

14 They have come out at times, quite
15 candid, and at times quite fearless, and I believe
16 they have spoken spontaneously. So we certainly
17 can have no complaint there.

18 And in all our meetings, there
19 has been a sprinkling of adults,
20 some of whom who have also, you know, with their
21 convictions have come forward and assisted us.

22 And we can think of particular
23 places where we had a sampling, in Victoria we had
24 a day of very good dialogue between older and younger
25 people, but there we had a little more structure.
26 We had our usual more structured program, and maybe
27 people feel less inhibited about listening, and
28 they get some information, and they participate if
29 they wish.

30 But where we have tried to just

1 let it develop by itself, thrown together, and that
2 is my expression, and I don't know whether my
3 colleagues share the same idea but it hasn't been
4 successful. And we are, by the way, getting a fair
5 amount of correspondence from people.
6

7 MR. STEIN: One observation, I
8 think, where we have gone, for example, to coffee
9 houses with no program in various cities, and we
10 have expected a kind of spontaneous discussion to
11 happen, in almost every case, although it took a
12 little time in Montreal, in four different coffee
13 house situations, we did have extremely good
14 dialogue with people, but mostly young people.

15 But I think where we have tried
16 to use this format of not having a structure with
17 the adult group, it hasn't worked.

18 That is the only qualification
19 I can make.

20 THE PUBLIC: This is the question
21 I am trying to get at, that how come the average
22 Mr. and Mrs. Joe Smith do not come to these meetings,
23 or do not do anything?

24 Instead they remain anonymous
25 and the only statements they read about are the
26 anti-marijuana laws, and anti-drug laws, and, oh, they
27 are a great thing.

28 They are going to ruin our society.
29 How come they are not getting this information, and
30 how come they are not coming out to the meetings, and

1 I am saying this is where the problem lies, and you
2 want a solution?

3 I don't have a solution. But the
4 thing is, there is going to be a continuous propaganda
5 program, or public relations program, which they use,
6 which I don't think has been used enough in the
7 paper, or things, you know, the government should
8 be out publishing more reports, and the reports they
9 publish shouldn't be words -- amphetamines and so
10 on. What the hell is an amphetamine, and hallucinogen,
11 and these things should be continually put in the
12 papers so people have to read them, and not just like,
13 Dr. so and so, or Mr. so and so came out, and he has
14 this degree, and he said that marijuana laws are
15 harmful.

16 You know, the laws are all being
17 kicked up by someone in Halifax, and someone said,
18 legalize marijuana, and things like this.

19 I don't know why the people,
20 the older generation are so afraid of legalizing
21 marijuana, and I think this is maybe where our
22 problem lies, we are not getting to them and
23 educating them enough.

24 And I think more material should
25 be printed, and continuously shown to the people,
26 so they can read these things, and make a better
27 judgment on it, not just subjective viewpoints like
28 they have now.

29 THE CHAIRMAN: Yes.

30

1 THE PUBLIC: I would like to ask
2 a question. To what extent do you find the concepts
3 of morality comes into this, you know, like the
4 Protestant ethic? How much did that affect the
5 solution?

6 Do you have many people coming on
7 as this, for legalizing marijuana?

8 THE CHAIRMAN. Well, we have
9 certainly had that submission from time to time, and
10 I personally think it is significant.

11 That is my own feeling. I think
12 it is significant as an explanation. I don't know
13 how widely it applies, as an explanation of attitudes,
14 in part anyway.

15 We have had the submission that the
16 extensive non-medical use of drugs will, in effect,
17 if I may, if I could put it this way, will kill the
18 drive, the work orientation, and the drive which is
19 necessary to our particular type of society, to keep
20 it going, and it may keep us from being competitive,
21 and economically sound, and so on, and that we will
22 just gradually lose our place in the world.

23 And this has been said to us, it has
24 been said to us by--well I think it was in the
25 R.C.M.P. brief, it was one of their contentions.
26 It is not their only contention. And they quoted
27 the World Health Organization publication on this
28

29 is a concern for a lot of people
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There was a gentleman here, who spoke about social effects and the kind of effect, there was a little of that.

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THE PUBLIC: It is not an economic consideration then?

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THE CHAIRMAN: I am not trying to expound that point of view, and frame it as strongly as it might be framed, but I certainly don't think it has any presence economically. But it is the whole thing of the society. Not just those around us. But it is the responsibility of all kinds, at every level, judgment, guidance, leadership, it is just the whole social energy of the society.

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DR. LEHMANN: Research as well.

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THE CHAIRMAN: Research, etc.

I don't think it is just economic, although that is mentioned.

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THE PUBLIC: I found another question.

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Have you heard of any hints, of the large liquor manufacturers, lobbying against marijuana?

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THE CHAIRMAN: This has been raised a number of times, but we have had no hints, and we have received, or experienced, no pressures of this kind, on us, from any quarter I should say.

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I am afraid we are scheduled to go back at 2:00. I don't know when we are

going to have a bite to eat, and I am afraid
we are going to have to adjourn.

It has been very helpful, and very
good to meet you all here, to hear your views.

Thank you very much.

--- Upon adjourning at 1:45 P.M.

COMMISSION OF INQUIRY
INTO THE
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE
SUR L'USAGE DES DROGUES
A DES FINS NON MEDICALES

BEFORE:

- | | |
|---------------------|----------------------|
| Gerald LeDain, | Chairman, |
| Ian Campbell, | Member, |
| J. Peter Stein, | Member, |
| H.E. Lehmann, M.D., | Member, |
| James J. Moore, | Executive Secretary, |

RESEARCH:

- Dr. Ralph Miller,
- Dr. Charles Farmilo.

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe.

January 31, 1970,
Newfoundland Hotel,
St. John's, Newfoundland.

1 --- Upon commencing at 9:15 A.M.

2
3 THE CHAIRMAN: Good morning,
4 ladies and gentlemen.

5 I call this hearing of the
6 Commission of Inquiry into the Non-Medical Use of
7 Drugs to order, and I should like to read a
8 statement concerning the background of the Commission's
9 appointment, and the way it interprets its task.

10 The Commission of Inquiry into the
11 Non-Medical Use of Drugs was appointed by the Federal
12 Government on May 29th last year, upon the recommend-
13 ation of the Hon. Mr. John Munro, Minister of Health
14 and Welfare.

15 The Commission has an independent
16 status under Part 1 of the Inquiries Act.

17 I should like to introduce my
18 colleagues.

19 On my far right, Dean Ian Campbell,
20 of Montreal; on my immediate right, Dr. Heinz
21 Lehmann of Montreal; I am Gerald LeDain; on my left,
22 James Moore, Executive Secretary of the Commission,
23 on Mr. Moore's left, Mr. J. Peter Stein of Vancouver.
24 And our other colleague on the Commission, Professor
25 Marie-Andre Bertrand has been unable to get out of
26 Montreal, because of weather difficulties, although she
27 has been trying very hard for the last two days; so
28 that I regret she has been unable to be with us
29 here today.

30 And at the table on the left,
members of our staff; Mrs. Vivian Luscombe, my secretary

1 on the Commission; on Mrs. Luscombe's left, Dr.
2 Charles Farmilo, research associate with the Commission;
3 on Dr. Farmilo's left, Dr. Ralph Miller, research
4 associate on the Commission; and members of our staff
5 are here.

6 The concern which gave rise to
7 the Commission, authorized the appointment in
8 the following words:

9 "There is growing concern in
10 Canada about the non-medical use of certain drugs
11 and substances, particularly those having sedative,
12 stimulant, tranquilizing or hallucinogenic properties,
13 and the effect of such use on the individual and
14 the social implications thereof.

15 Within recent years, there has
16 developed also the practice of inhaling the fumes
17 of certain solvents having an hallucinogenic effect,
18 resulting in serious physical damage and a
19 number of deaths, such solvents being found in
20 certain household substances.

21 Despite warnings and considerable
22 publicity, this practice has developed among young
23 people and can be said to be related to the use of
24 drugs for other than medical purposes.

25 Certain of these drugs and sub-
26 stances, including lysergic acid, LSD, methamphetamines,
27 commonly referred to as "speed", and certain others,
28 have been made the subject of controlling or
29 prohibiting legislation under the Food and Drugs Act,
30 and cannabis, marijuana, has been a substance, the

1 possession of or trafficking of which has been
2 prohibited under the Narcotic Control Act.

3 Notwithstanding these measures
4 and the competent enforcement thereof by the R.C.M.
5 Police and other enforcement bodies, the incidents
6 of possession and use of these substances for non-
7 medical purposes, has increased and the need for
8 an investigation as to the cause of such increasing use
9 has become imperative."

10 In announcing the Commission's
11 appointment, the Minister of National Health and
12 Welfare spoke of the "grave concern felt by the
13 government at the expanding proportions of the use
14 of drugs and related substances for non-medical
15 purposes."

16 The terms of reference defining
17 the Commission's inquiry into the non-medical use
18 of psychotropic drugs and substances mention sedatives,
19 stimulants, tranquilizers and hallucinogens.

20 For the present, the Commission
21 understands "drug" to mean any substance which
22 chemically alters structure or function in the
23 living organism, and "psychotropic" drugs as those
24 which alter sensation, feeling, consciousness and
25 psychological or behavioural functions.

26 The Commission has tentatively
27 defined "medical use" in terms of generally
28 accepted medical practice -- under medical supervision
29 or not. All other use is "non-medical use."

30 By itself, a prescription does

1 not distinguish medical from non-medical use. A
2 non-prescription drug like aspirin may be taken
3 for medical use. Or a prescription drug may be
4 taken for generally accepted medical reasons, then
5 no longer required.

6 The Commission is invited by its
7 terms of reference to "marshall...the present fund
8 of knowledge concerning the non-medical use of
9 sedative, stimulant, tranquilizing, hallucinogenic
10 and other psychotropic drugs or substances."

11 But since an interim report is
12 expected after six months, and a final report within
13 two years, the Commission will have to be selective.

14 It must consider what appear to
15 be the principal issues which led to its appointment.

16 The Commission has the initial
17 impression that its primary focus must be on the
18 non-medical use of drugs by the young and by adults
19 as it relates to or affects the use of drugs by
20 youth.

21 The Commission has drawn up a
22 preliminary classification of psychoactive drugs,
23 which falls into the following eight categories:
24 hypnotics-sedatives; stimulants; psychedelic-
25 hallucinogenics; opiates-narcotics; volatile solvents
26 and gases; analgesics (non-narcotic painkillers);
27 clinical anti-depressants; and major tranquilizers.

28 The Commission sees its primary
29 emphasis on the following categories:

30 1. The psychedelic-hallucinogenic,

1 which includes cannabis (marijuana and hashish),
2 LSD and mescaline and the other "restricted drugs"
3 placed under the new schedule J of the Food and
4 Drugs Act, such as DMT, STP (DOM), and DET.

5 2. The stimulants, including
6 such amphetamines as benzadrine and methadrine --
7 generally referred to as "speed".

8 3. The volatile solvents and
9 gases -- often referred to as "delirients", such
10 as glue, nailpolish remover, and paint thinner.

11 4. The sedative-hypnotics,
12 such as the barbiturates (used as sleeping pills),
13 the minor tranquilizers, and ethyl alcohol.

14 5. The opiate-narcotics,
15 such as heroin.

16 Alcohol and nicotine are clearly
17 mood-modifying drugs used for non-medical reasons
18 and therefore within the terms of reference.

19 However, the Commission could
20 not possibly perform its task if it were required
21 to consider the extensive research carried out on
22 these substances.

23 A realistic view compels the
24 Commission to regard the non-medical use of alcohol
25 and nicotine in their relation to the non-medical
26 use of other psychotropic drugs. This is also
27 the Commission's position, at least initially, on
28 the non-medical use of the opiate-narcotics, such
29 as heroin.

30 These so-called "hard drugs" are

1 not excluded from the terms of reference, because
2 they do have psychotropic properties. But as
3 with alcohol and nicotine, the Commission cannot
4 hope to do justice to the extensive literature on
5 the subject. The "hard drugs" are therefore to
6 be examined in their possible relationship to the
7 non-medical use of the "soft drugs."

8 Two contentions brought to the
9 Commission's attention may illustrate what is meant
10 by "relationship" to the non-medical use of soft
11 drugs.

12 The first contention is that
13 extensive social use of alcohol not only creates
14 a permissive climate of drug use, but also reflects
15 a provocative injustice and even hypocrisy in our
16 legislative and law enforcement attitudes.

17 The second contention is that the
18 use of certain soft drugs like cannabis (marijuana)
19 leads very often, if not generally, to hard drug
20 addiction.

21 What are the issues in this
22 inquiry? The Commission must investigate the extent
23 of the non-medical use of mood-modifying drugs in
24 Canada. That means the pattern of drug use; the
25 drugs and various groups or populations involved,
26 according to age, occupation, etc.; the movement
27 from one drug to another.

28 The Commission must investigate
29 physical and psychological effects of these drugs,
30 effects on behaviour of the individual concerned,

1 effects on others, and effects on society.

2 Finally, and by no means least
3 important, the Commission must investigate the
4 reasons for the non-medical use of drugs -- not
5 only the personal reasons or motivation, but the
6 social, educational, economic, philosophic and
7 other reasons.

8 In other words, what is the
9 meaning or larger significance of this phenomenon?
10 What is the true nature of the challenge it presents
11 to our civilization?

12 We have accepted a very difficult
13 task, and it is imperative that we have the views
14 of as many Canadians as possible.

15 This is not solely a technical
16 question for experts; it is a broad social issue,
17 going to the very nature of human existence in our
18 time.

19 It is a question to which every-
20 one can contribute a measure of insight and wisdom.

21 Please come forward and assist
22 us with your views.

23 I should say a word about the
24 way our hearings have proceeded elsewhere. We
25 have a schedule of submissions today, and we will
26 be visiting the University at noon, but we have
27 encouraged an informal atmosphere of free discussion
28 in our hearings, and people have come and spoken
29 without necessity of formal briefs.

30 It is not necessary that people

1 have a written brief, and our way of receiving
2 is to hear a submission and offer a time for
3 questions and comments from the Commission and
4 others attending.

5 So I hope everyone present
6 today will feel free to participate in the discussion
7 of this question.

8 And I should like now, to
9 call upon Rev. D. Burton Isaac of the Alcohol and
10 Drug Addiction Foundation of Newfoundland.

11 If you would like to be seated
12 at that table, Rev. Isaac.

13 REV. ISAAC: Mr. Chairman,
14 members of the Commission, some two or three
15 weeks ago, your secretary phoned the office, and
16 asked in the same way as you indicated, if we
17 of the Foundation of the Alcohol and Drug Addiction
18 Foundation of Newfoundland would care to be
19 present, and he indicated -- with you -- to say
20 that in some friendly fashion, we might say
21 something, and present some formal presentation.

22 In discussing this with the
23 Foundation, I felt that certain suggestions would
24 be put to them, and I am here this morning, rep-
25 resenting this Foundation.

26 I am delighted that I have with
27 me several other members of the Foundation, all
28 of them in different capacities in the life of
29 St. John's, and indeed in Newfoundland.

30 And after I present these few

1 recommendations, and suggestions, I have the
2 honorary solicitor of our Foundation in the person
3 of Mr. David Day who is sitting just next to me,
4 and he will perhaps want to say something on the
5 legal aspect.

6 From my previous experience
7 of presenting, both in Vancouver and other
8 places, I find that if you have a few points,
9 at least you can go on from there.

10 could
11 If I give you the background
12 of our Alcohol and Drug Addiction Foundation of
13 Newfoundland, as a body in this form, we are
14 rather new.

15 We became an incorporated
16 body only last May. We have been, for years,
17 working more or less in the alcohol field, but
18 in view of the fact that drugs were becoming a
19 very prominent factor at least in discussion in
20 Newfoundland, we felt, and wisely directed, that
21 the Foundation, like most Foundations across
22 Canada, should be known as the Alcoholism and Drug
23 Addiction Foundation of this province.

24 Since we were incorporated,
25 and known by this name, I would have to say that
26 the desire for information on drugs from young
27 people, and from many other people in this
28 province, has extended. And we have supplied
29 to the limit of our capacity, and I know that other
30 have
government agencies/as well, and other individuals
have supplied the latest information concerning

1 drugs. We have been fortunate to secure, we
2 feel, some of the better films which have been
3 greatly used.

4 And in the field of education,
5 to schools in general, we have presented and given
6 for drug foundation.
7 the opportunity/ The Foundation supports, and
8 contains, a group called "Allied Youth" which
9 took its origin years ago, before drugs were
10 mentioned, and we have been most fortunate in this
11 province, in that we have been able to establish
12 groups in this province, perhaps in 22 or 23
13 leading high schools, more or less with the idea
14 originally of alcoholism being the problem, or at
15 least giving some basic form of alcohol education.

16 But in conferences last
17 year, when we had 350 young people chosen from the
18 leading high schools right across the province
19 from as far away as Goose Bay, Labrador, the
20 question of drugs and the problem there, clearly
21 that
22 indicated to the Foundation we certainly had to
23 give more increasing thought.

24 We developed an education
25 committee which is studying at the present time,
26 and we are seeking the latest information concerning
27 drugs.

28 But my first recommendation
29 this morning is this, and I speak as one rep-
30 resenting Newfoundland at national, and international
conferences, and the first recommendation that
we suggest to this Commission is, and I was

1 listening, Mr. Chairman, very closely to what you
2 said. I was delighted that you indicated that the
3 Commission had some serious concern about the prob-
4 lem of alcoholism, and in my view, the Commission
5 should very seriously. So far as we in Newfoundland
6 are concerned, we tend to know that there are those
7 like people in other parts of Canada who may be
8 experimenting with drugs.

9 But our problem in Newfoundland
10 is alcohol, a very basic problem. And I would feel
11 that the Commission should recommend to the Government
12 of Canada that this problem is so serious that we
13 should not wait for some longer time, when we should
14 make this a very important issue.

15 We suggest that the Commission
16 take into account the widespread and dangerous use
17 of Ethyl Alcohol in Canada,

18 I believe the Commission, and
19 other people, know the facts as I know them. They
20 are printed. And for this reason, not only because
21 of its primary dependence effect, but also it is
22 frequently, as I feel I have indicated in the
23 presentation this morning, sir, the precursor
24 to other drug substances.

25 The other point that we mention
26 that
27 is/the preventive education program on drugs be
28 co-ordinated with those on the use of Ethyl Alcohol.

28 As Director of the Foundation,
29 we are supported by those principals in high schools,
30 within the Foundation, medical people, people in

1 the realm of education I feel that the fact that
2 most Foundations are known across Canada by the
3 name of "Alcohol and Drug", we feel here in
4 Newfoundland that we cannot, and should not,
5 separate these two factors because the young
6 people are asking questions about both, and we
7 strongly represent -- or suggest the fact of this
8 question of preventative education.

9 I am sure the Commission
10 realize this, and I hope they will take this into
11 consideration in their recommendations.

12 Fourthly, it is the feeling
13 of the Foundation, that the Government of Canada
14 make adequate funds available for an intensive
15 program of research to provide social and medical
16 information on the pharmacological and behavioural
17 effects of drug substances, and to provide an
18 accurate appraisal of the social damage from various
19 drug substances, and the population risk.

20 What we are saying,
21 sir, is this: in a Province the size of Newfound-
22 land, we have not, and I am not here repeating
23 words perhaps you have heard before, at the provincial
24 and national level we need money for some of these
25 systems, and we are appealing to the Government of
26 Canada. And I am speaking now as one who is involved
27 in the Canadian Foundation on Alcoholism, when we
28 are discussing these factors.

29 And without money, you cannot
30 do the kind of research we need. And I place, and

1 I emphasize over and over again, not only to the
2 Federal Government, but to the Provincial Government
3 that this great country, with such great potential
4 youth in its area, that we should seriously con-
5 sider a tremendous increase in the amount of money
6 that should be put into this research.

7 If I could go on to say that
8 we in the Foundation here are more or less dependent
9 on other larger Foundations in other provinces, and
10 we benefit tremendously, and appreciate it.

11 My good friend David Archibald
12 has always been willing to help us, and we appreciate
13 this. But we still feel that in spite of all this,
14 that what provincial governments make available,
15 it is our feeling that the Federal Government should
16 break through in this great day when we are talking
17 of the kind of society we want.

18 We want the finest people. And
19 I think if more money was put into this research
20 for the finest people to be used, not to be con-
21 cerned with the negative aspect only, but the
22 positive aspect of young people, living in a kind
23 of society that they want to live in.

24 I think money, and I would
25 have to repeat it over and over again, I think is
26 a fact that we must speak of.

27 We ask also of the Government
28 of Canada, very seriously, to start/ provide funds
29 for the provinces, for the provision of adequate
30 treatment for those suffering from the use of

1 drugs. I have heard you say, sir, and I have
2 read information that there is a preliminary
3 report to be given.

4 I have noticed that in two
5 years, or ⁱⁿ another year and a half, there will be
6 a fuller report.

7 I am wondering, sir, if I
8 this morning can try to influence the Commission
9 that that seems to be a long, long time, a
10 year and a half, before some of these decisions
11 which I think are most urgent ^{are} to be made.

12 I feel that there is this
13 society in which we live is asking today, we don't
14 want promises for tomorrow, we need them today.

15 How can I, for instance, as
16 representing and carrying out the major part of
17 my Foundation, if I have to tell somebody that
18 I have got to wait two years before I really
19 get down to get these factors resolved?

20
21 I would therefore feel that
22 the urgency of the situation is such, and I am
23 taking my knowledge of Newfoundland in the last
24 six, eight or ten months, when there is such
25 a clamor for information, and I think there
26 will be alcoholics that no doubt are going
27 to need this type of help.

28 We say to the Government of
29 Canada, we represent a Foundation; that the
30 Government of Canada very seriously consider

1 investing a tremendous amount of money on this
2 type of thing.

3 For if we don't the horse
4 will have left the stable, and we will be left
5 without it, and the urgency of this matter, I
6 feel, we should impress upon you gentlemen.

7 Finally, we are only making
8 these as recommendations. We could go on speaking
9 for quite a while, but we say that any change in
10 the legalization of marijuana be delayed until
11 fuller, or more accurate research be made, as to
12 the effect on the human body and mind.

13 I have read the reports
14 from various factors in the
15 country, and I think I see through them all, those
16 much more qualified than I am in the medical field,
17 and therefore the urgency that we spoke of,
18 first of all, of providing money, I think in this
19 field of research, and I am thinking of my friends
20 I know in the Ontario Foundation.

21 We feel that before the legal-
22 ization, or if this should be legalized, we feel
23 that it should only be done after a great deal
24 of further research. But again, this should not
25 be delayed, it should go on.

26 I am speaking of research now,
27 as quickly as possible. These, sir, are six
28 recommendations I make, and as I said, my friend
29 and member of the Foundation, the Hon. Solicitor,
30 would like to say something afterwards, or at your

1 pleasure.

2 THE CHAIRMAN: Thank you very
3 much, Rev. Isaac.

4
5 We would like to ask you some questions, if you
6 don't mind.

7 Do you think it might be
8 convenient if we heard your solicitor now?

9 REV. ISAAC: I would feel more
10 confident with my solicitor at my side.

11 MR. DAY: Mr. Chairman, members
12 of the Commission, my remarks are restricted to
13 the Narcotic Control Act, which has come into
14 effect in Canada the past few years, because of
15 the possession and trafficking of marijuana and
16 related drugs.

17 First of all, I must say I
18 have no quarrel with the provisions of the Act
19 which prohibit the possession of, and trafficking
20 in marijuana and related drugs.

21 However, I do take the view
22 that the state is regarding the problem of drug
23 addicts as they are referred to in the Act, more
24 as a police problem than a social and medical
25 one.

26 I refer in particular to three
27 provisions of the Act, which I think are relevant
28 to the inquiry, and tend to point out what I
29 just said.

30 First of all, Section 16 and 17

1 of the Narcotic Control Act, provide for the
2 examination and detention of suspected drug
3 addicts, both before and after they are tried
4 of suspected drug offenses. And it is provided
5 in Section 17, that after a person has been
6 convicted of a drug offense, and if he is sus-
7 pected of being a drug addict, his sentence can
8 be in the form of detention for treatment.

9 I believe this is a most
10 unsatisfactory way of treating a convicted drug
11 addict. I believe the most effective manner of
12 treating drug addicts, is on a voluntary basis.
13 And I believe that by requiring them to be
14 detained in institutions of the state, is not
15 going to further their treatment, and future
16 cure.

17 Secondly, I make reference to
18 Sections 38 and 40 under the Narcotic Control Act,
19 which regulate the use of drugs specified in the
20 Act by medical practitioners.

21 I am suggesting that as in the
22 case of the United States under the Harrison Bill,
23 the provisions under the Narcotic Control Act
24 frankly discourage medical practitioners from
25 attempting to treat and cure drug addicts.

26 I submit that the potential
27 use of the Act by the state for treatment of persons
28 for drug addiction, tends to discourage
29 addicts from medical advice and treatment.

30 Related to this question,

1 is the use of these drugs, prohibitive drugs by
2 the medical professions who treat the addicts,
3 assuming that the addict has gone to a medical
4 practitioner, and seeks the use of drugs on a
5 regulated basis in hopes of being cured.

6 I notice such drugs as
7 marijuana are included under the Narcotic Control
8 Act, rather than under the Food and Drug Act.
9 If they were included under the Food and Drug
10 Act, I would submit there would be more leeway
11 given for the manufacture and preparation of these
12 drugs in controlled circumstances for the use of
13 the medical profession in treating addicts.

14 As I presently understand
15 from positions, not only from here, but
16 from other parts of the country, there is very
17 little effort made by medical practitioners to
18 use these drugs on a controlled basis with pro-
19 fessed addicts, as they are afraid of the possible
20 repercussions or prosecutions under Sections 38
21 to 40 of the Narcotic Control Regulations.

22 Finally, I would like to make
23 the point with regard to offenses under the Act,
24 under the Narcotic Control Act, that while over
25 the years the penalties by way of fine and
26 imprisonment have been increased, the incidence
27 of drug use, and the incidence of drug offenses
28 and convictions for drug offenses in the country
29 has increased substantially.

30 And for these reasons, I submit

1 that while the provisions prohibiting the use
2 and trafficking of drugs, are basically sound,
3 I believe other provisions of the Act look at
4 the drug problem, particularly with respect to
5 addicts, as a police rather than a social and
6 medical one, and I have made these particular
7 references for your consideration in your future
8 deliberations.

9 THE CHAIRMAN: Thank you.

10 Excuse me, Mr. Stein?

11 MR. STEIN: I wonder if I
12 could ask you, on the last three points, that
13 you raised, whether or not it is possible for
14 you to make some suggestions as to ways in which
15 this Act can be altered, other than taking it
16 out of the question of trying to prohibit the
17 drugs?

18 In other words, I am wondering
19 whether or not your objection to the police
20 handling, is not inherent in an act which tries
21 to prohibit the use of these drugs,
22 rather than to try to control them?

23 Do you follow what I am
24 getting at?

25 In other words, I appreciate
26 the nature of your objections, but I find myself
27 a bit baffled as to how you can raise these
28 objections, and at the same time suggest that
29 you favour the general tone of the Act, which is
30 in favour of prohibition of the drug.

1 MR. DAY: Well, my main
2 objection would apply to the advocacy of the
3 Act, strictly to drug addicts, rather than first
4 offenders, persons who are convicted of drug
5 offenses and have had little experience in the
6 use and trafficking of drugs.

7 In particular, I think that
8 as far as the medical profession is concerned,
9 I would tend to favour the recommendations of
10 Lord Rosedon and Mr. Brain in
11 Britain, the Brain Commission in 1961, which
12 provided that professed drug addicts could
13 consult legal advice, without there being danger
14 that the fact that they are an addict, that
15 they possess these drugs, and are using them,
16 could get into the hands of the government.

17 They do not have to be
18 registered, and recorded, and the fact they are
19 ^{is not} addicts/recorded by the medical practitioners
20 in England, and for this reason the government
21 officials do not have access to this information.

22 In Canada, persons who are, on
23 a professional basis, being treated by practitioners
24 are required to have the record of their treat-
25 ment kept by the practitioner, and there are
26 powers and regulations permitting the state to
27 examine these records, to examine records of a
28 practitioner who is treating a drug addict.

29 Secondly, with regard to the
30 detention and examination of a drug addict, I

1 think the way the Act reads, you can get the
2 impression that they are being punished for
3 being detained ^{because} they are addicts; they have
4 been convicted of the offense. We are not
5 going to particularly put them in a prison, but
6 we are going to detain them anyway, for up to
7 ten years.

8 And that only applies when
9 they are a first offender. If they have
10 more than one offense, presumably they could
11 be detained for a longer period.

12 Not only that, but the fact
13 that they haven't been detained in an institution
14 under the Federal Penitentiaries Act. It doesn't
15 give the courts much leeway in referring a
16 convicted addict for treatment, because the Act
17 restricts facilities to which these people can
18 be referred to institutions outlined in the
19 Penitentiaries Act.

20 And I think you will agree
21 with me, that this does not give the courts much
22 leeway. They don't have the authority, for
23 example, to refer

24 This is the nature of my
25 objection to the Act.

26 MR. STEIN: I am still
27 wondering what it is you favour about prohibition
28 of the drug, through the use of the Act.

29 I mean, you make more clear
30 your dissatisfaction about

1 the results of an Act that has to be with the
2 offender, as you described it, a criminal and
3 unnecessary harassment, because it isn't a
4 voluntary matter, he would be able to receive
5 help.

6 Could you give us some
7 understanding what it is about the prohibition
8 of the use of these drugs that you feel is
9 inappropriate to be handled within the Criminal
10 Act.

11 MR. DAY: With the Narcotic
12 Control Act? Well, basically, I think the
13 provisions which restrict the distribution and
14 the use of drugs, generally.

15 My main objection, I am not
16 critical of the provisions as they regulate, let's
17 say, first offenders. My objections are to the
18 drug, specifically, to the drug addicts, the
19 drug addict who is convicted.

20 I am not talking about the
21 large number of persons who are convicted, who
22 are not drug addicts or first offenders, or
23 persons who are not necessarily using drugs but
24 are disseminating information.

25 MR. STEIN: Are you talking
26 about persons who are not drug addicts as you
27 call them? You feel the provisions of the Act
28 are appropriate.

29 In other words, the use of
30 prisons and the criminal process is an appropriate

1 response to the occasional user?

2 MR. DAY: I don't think
3 they need to change it, because first offenders
4 across Canada at least, the decisions of the
5 court that have been reported, are usually
6 given suspended sentences, and very often on
7 the recommendation of the magistrate, or county
8 court judge, are referred to medical treatment.

9 As I say, I think that in
10 that respect, I think the courts to a larger
11 extent are intelligently applying the Act,
12 particularly with regard to first offenders,
13 who possess and use the drug.

14 MR. STEIN: Do you have any
15 concern about the question of ^a permanent criminal
16 record that is attached to the proceedings for
17 a first offender? The youngster, in other
18 words, of 17 or 18?

19 We heard one case yesterday,
20 over in Halifax, I think it was in Kentville,
21 where a youngster got a two year sentence.
22 Another case, was of possession of marijuana,
23 another case a six month sentence.

24 The question I was really
25 asking, do you have any objection to the criminal
26 record attached with the suspended sentence?

27 MR. DAY: Yes, I do.

28 And my reason for saying that,
29 is just recently a table was published in the
30 Criminal Reports of Canada, which outlined the

1 guidelines used by courts in the country, for
2 sentencing of drug offenders.

3 Not so much first offenders,
4 but let's say second and subsequent offenders,
5 and a great deal of reliance is placed on the
6 fact of the previous offense in some of these
7 decisions.

8 In one particular case, the
9 sentence was increased from four to seven years
10 for trafficking because it was a second offense.

11 I believe that particularly
12 where the offense is one of possession, the use
13 and possession of drugs, I believe, that if a
14 suspended sentence is given, ^{then} the individual
15 is, or should be, referred to treatment if
16 necessary I don't think that the fact of a
17 previous conviction should weigh in the mind of
18 the judge in subsequent charges against the
19 person.

20 I think it is unfair, because
21 as I said earlier, I think this problem to a
22 certain extent is a social and medical problem,
23 and not a police problem, and possibly not the
24 duty of a court perse to have to deal with it.

25 If the courts in Newfoundland
26 and elsewhere have at their disposal as, for
27 example they have in Toronto, there are
28 facilities there to which they can refer first
29 offenders, or even subsequent offenders, whom
30 they feel are better dealt with medical treatment rather

1 than treatment under the Narcotic Control Act.

2 MR. STEIN: Do you not
3 feel that perhaps -- you use the word "offender"
4 and then you use the word "treatment". It has
5 been suggested to us, that as long as the
6 category "offender" is the initial one applied
7 in relation to the social phenomenon, it may
8 well preclude the possibility of the person seeking
9 assistance.

10 And I think this was a
11 suggestion that you made earlier; it may well
12 preclude the possibility of the person seeking
13 assistance for their particular problem, because
14 the offender category is the one which they are
15 being perceived by the institutions which are
16 trying to deal with them.

17 MR. DAY: The only other
18 point I can make is, what are you going to call
19 it?

20 If you are going to
21 regulate the problem, I am sure you just don't
22 conclude the regulation of the problem.

23 What do you call them? If
24 you call them an offender, let's say we are not
25 going to make a record of their conviction,
26 instead we are going to give them treatment,
27 and we are not going to consider their record
28 in future violations.

29 There has got to be some
30 regulation about something. I am referring to
offender in the Act, as in Criminal Law.

1 But as they say, I think
2 there has got to be a certain shirk in emphasis
3 by the provinces, and by the Federal Government,
4 and as I say, my main objection is to the case
5 of the drug addict, because he possibly needs
6 treatment more than a first offender.

7 And I say particularly in
8 that case. But certainly let's have more
9 emphasis on treatment, rather than detention.

10 MR. STEIN: Right. I
11 appreciate your point here.

12 And what I was trying to
13 get clarification on, is the nature
14 of what I thought was your approval of the
15 possession offense, as a matter to be dealt
16 with firstly by the Criminal Code.

17 And your comments have left
18 me, at the moment, with the impression that
19 you are pretty unsatisfied with the idea about
20 persons in possession being dealt with by the
21 Criminal Code.

22 But you are still prepared,
23 from your first comments, to continue this frame
24 work, legal framework, although you are
25 troubled by this.

26 Is that it?

27 MR. DAY: Yes, that's it.
28 Basically, also repeating myself here, I think
29 there has got to be a certain amount of
30 regulation.

1 I think my main concern, my
2 this is
3 main reason for feeling/that this upsets the
4 possession or trafficking, and this is the danger,
5 and this is the view taken by the courts, there is
6 a danger by the mere fact of possession, that this
7 particular person is going to distribute drugs,
8 particularly a person found with large quantities
9 of drugs, there is a danger there.

10 The courts have pointed this
11 out. Even if we are only charged with
12 possession, we can't prove it, but we suspect that
13 while you are a possessor you are a potential dis-
14 tributor, trafficker in drugs, and that while our
15 state of information about these drugs is still
16 uncertain, there is the danger in the fact, the
17 fact that you possess these drugs and are a
18 potential distributor, trafficker in the drugs,

19 I think this is my main concern
20 about maintaining the provisions in the present
21 form.

22 MR. STEIN: Thank you.

23 THE CHAIRMAN: Thank you.

24 Dean Campbell?

25 MR. CAMPBELL: We witnessed a
26 very rapid growth of the use, particularly, of
27 marijuana and LSD.

28 You mentioned in your recommendation
29 of the need for more research. What would you
30 consider to be an adequate -- I was wondering what
you considered to be an adequate amount of research

1 Proposals for research have
2 been put to us very frequently^{as}/I am sure you
3 know. But very seldom have we heard what is the
4 point^{at}/which sufficient research is accomplished,
5 that the state could consider a change in social
6 policy.

7 REV. ISAAC: Well, I would
8 think, as you have indicated, you have been hearing
9 this, but until there is a more reasonable conformity
10 of opinion, we are hearing two sides of the story.

11 Some magazine, or some person
12 stands up and makes a kind of statement that nobody
13 had a chance to refute, or question, but surely it
14 is in this area that medical people themselves
15 are the people who can adequately recommend to
16 a government, something of a seemingly final question
17 on this matter.

18 I would think that a group of
19 medical people right across Canada, your best
20 experts, should be used on this particular thing,
21 given this opportunity.

22 When you think of this kind of
23 research, isn't it difficult to have an adequate
24 program of research until the legal aspect of
25 this thing is settled?

26 I had a doctor, for instance,
27 one day on radio, talking about Alberta. Could
28 you possibly in Canada at the present time, have
29 a legalized form of research, where people would
30 be able to purchase, or be given, marijuana in any

1 form, without breaking the law?

2
3 In the case of the Ontario Foundation, and I am
4 sure in Vancouver in September, I have a report of
5 a research scientist there, saying that the only
6 way they could possibly carry out a research
7 program, and I am sure it was on marijuana, or LSD, was
8 that they have to require people to come in from
9 the street that have already been convicted for
10 the use of it, to give them the opportunity of
11 research.

12 Now I think it is in this
13 area that I think some people within the province,
14 or within the country, have to come to get adequate
15 research done.

16 MR. CAMPBELL: There have been
17 changes in the regulations recently, under which
18 cannabis can be made available to qualified
19 researchers.

20 REV. ISAAC: This is in Ontario.

21 MR. CAMPBELL: I wonder, however,
22 research is never final.

23 I doubt that your position is,
24 that you can say categorically, and finally, there
25 is no danger here, or these are the dangers;

26 that isn't the sum of our
27 knowledge in a particular point and time. Five
28 years later you may find other dangers, or other
29 that
30 danger/didn't exist.

To what extent should the state

1 be expected to tolerate the individual exposing
2 himself to danger?

3 REV. ISAAC: That is a good
4 question.

5 I would have to say that my own
6 reaction to all the legalized factions, of a necessity
7 there has got to be a
8 law and order, as we know ^{it} / in a civilized society.

9 I don't think that we will
10 cure this very problem by any legalized faction.

11 I think it is the individuals
12 themselves, which are very important, and we cannot
13 take away everybody's freedom.

14 The freedoms of the individuals
15 involved. This is why, in all fields of education,
16 we cannot lay down I think the old form of
17 speaking these things was a negative aspect. I
18 think we have discovered in the presentation of
19 the facts we must leave the individual to do a
20 certain amount of decision on his own part.

21
22 And I don't think even the
23 Commission, and I am sure in their tremendous
24 task, I don't think they are going to come up 100
25 percent, but I think they have to face up to the
26 issue as to whereby we draw the line in this
27 particular area.

28 MR. CAMPBELL: Where do you
29 think it should be drawn?

30 REV. ISAAC: Well, I feel, and

1 I am coming back to the marijuana case I feel
2 that to open and close books at this particular
3 stage would be a most dangerous fact. And if, after
4 further research, or if at this point research is further
5 advanced, there would have to be some controls,
6 and I think it is in this area of control where
7 people of maturity, would be able to pur-
8 chase, if they so wished.

9 But there would have to be an
10 area of control. I think you must remember that
11 the same thing applies to alcohol. It is this
12 area of control. Look how many years it has taken
13 to bring out the breathalyzer. Some of us have
14 been speaking of it for ten or fifteen years.

15 And I would think that just
16 because there is an urgent request by some people --
17 I don't think it is altogether the whole group of
18 society that is calling for it -- but I think there
19 has to be an area of control, within the legalized
20 fashion of our country I think some control has
21 to be there, otherwise we are going to get this
22 black market system going on and off.

23 But I think there has to be some
24 control.

25 MR. STEIN: From that comment,
26 I have the impression that you infer that the
27 concept of legalization of the drug may be in some
28 way based on control to some people who present
29 this as an alternative, legalizing availability of
30 the drug.

1 It has been our experience, and
2 the other Commissioners perhaps may be able to
3 think of an exception to this, but in no instances
4 has anyone suggested to us that there should be
5 no controls.

6 Has there been an exception?

7 one exception? The way it has
8 been stated to us, is that there are no controls
9 of many of these substances now, and this is
10 because there is an attempt being made to prohibit
11 them, and when the attempt to prohibit it rules out
12 the chance of the state to regulate.

13 And your comment left me with
14 the impression that you favoured some kind of controlled
15 regulation.

16 And clearly your statement about
17 research indicates you don't want total prohibition.

18 REV. ISAAC: No. I think from
19 my long experience in Canada
20 has been in many parts where I have been,
21 I am relating this almost to the same question as
22 the problem of alcohol.

23 I think that we have learned
24 we have kept many
25 through mistakes / people who have been badly in
26 away
27 need of help/ because we thought that they had been
28 speaking of negativeness, and I think that we
29 in our Foundation, and in our program, have certainly
30 myself, being questioned
28 been honest and fair, and / by the press and on
29 and
30 radio / television, I have always felt that any
person who gets into education with a negative point

1 of view, is not a good educator.

2 I think you must present all
3 of the facts, so I would have to relate that point
4 to the individual in this particular question.

5 THE CHAIRMAN: Dr. Lehmann?

6 DR. LEHMANN: Rev. Isaac, I
7 think you mentioned the need for money, and you
8 also stressed the great importance of alcohol as
9 a chief problem for this province.

10 Now how would this money, or
11 where would it be mostly needed, for further
12 research in alcoholism, or for treatment, or more
13 specifically?

14 REV. ISAAC: I would say, sir,
15 that we indicated, as we indicated in our previous
16 remarks to you, that we think that other capable
17 people have done research, and we badly need
18 treatment facilities and I think
19 that the members of the Foundation that are
20 presently with me this morning, that any group that
21 would offer the Foundation two or three hundred
22 dollars, we badly need this.

23 There is a reason for this. It
24 has taken some little time to persuade the powers
25 that be, that we have a problem.

26 You can make people almost feel
27 a dreadful thing to escape the facts, but
28 that it is/-- I have been privileged to be in this
29 capacity, and to go right through this province, and
30 I think I have said to members of the Provincial
Government whom I have met, and from whom we receive

1 our grant, that we badly need more money, and I have
2 heard advocate what
never/ anybody / we need for treatment.

3 For instance, there are several
4 cases in the five and a half years/ where I have had to
5 do what I possibly could, to recommend, either to
6 the Ontario Foundation, or to the (Donwood)
7 Foundation, to send people away.

8 I feel that we need three or
9 four main centres, at this particular point, treat-
10 ment centres -- and this is where the money could
11 be very well used.

12 Let me take it further; in the
13 light of my colleague, Mr. Day, here, I feel that
14 insofar as alcohol is concerned, there is no
15 point of taking a man to prison at night if he is
16 drunk, and fining him two dollars in the morning,
17 and sending him home in the morning, if he is
18 drunk.

19 I know that immediately
20 there are indications of an alcohol problem, there
21 are many other social problems, and this in my
22 opinion, is where facilities of this nature made
23 available to us could make a great contribution.

24 DR. LEHMANN: Do you have sort
25 of a master plan of how you would employ the money
26 for treatment centres, short-term, long-term
27 continued therapy, educational programs.
28 REV. ISAAC :
29 We have presented to the Provincial Government at the
30 present time, that we feel here in the area of
St. John's we should have an experimental plan, where-

1 by for one or two years we could experiment, and
2 find out how we could relate all of the various
3 people to help us, the medical people, the social
4 people, the different societies.

5 Then we had hoped that we would
6 plan two or three others. But the pilot scheme in
7 the City of St. John's would be urgently needed
8 at this present time, and we think from that, that
9 the West Coast, Centre Newfoundland, and Labrador,
10 3 or 4, particularly.

11 DR. LEHMANN: May I ask this Mr.
12 Day one question; you pointed out that the main
13 emphasis should be on treatment, not on punitive
14 action.

15 Now how would you think of
16 rehabilitating the confirmed drug addict who very
17 often does not want any treatment, or will get
18 in for treatment for a week or ten days, and then
19 leave the treatment facility?

20 How would you deal with this?
21 Would you leave it alone, or would you think of
22 compulsory treatment?

23 MR. DAY: No, I think I said
24 earlier, that compulsory treatment, while it may
25 be effective in some cases, the general tenor of
26 it is that if the treatment is not obtained
27 voluntarily, it is not likely to have the same
28 effect as if it is done by other measures and by
29 examination.

30 I think this is more of a social

1 a legal one
2 question than / and I really don't feel qualified
3 to answer on that point.

4 I can just generally say, that
5 it is the general principle -- as a general
6 principle I am in favour of the prohibition remaining
7 in the Act, but I feel there should be more emphasis
8 in the treatment of offenders that is the addict,
9 the first offender, the mild user of drugs, that
10 there should be more provision in the Act for
11 these people to be dealt with medically by social
12 workers, and so on, rather than imprisoning them.

13 DR. LEHMANN: The emphasis is
14 on the principle.

15 MR. DAY: Yes, the emphasis is
16 on the principle. I don't know what attitude an
17 addict would take towards treatment and so on.

18 I am certain of this. In a
19 normal course, an addict is not concerned with
20 treatment, even if it is brought to his attention,
21 and it is made available to him, on a voluntary
22 basis.

23 But my main point is that it
24 has been found elsewhere, and I don't think
25 Canada can exclude itself, that where the treatment
26 has been forced it has not been nearly as
27 successful, as in Britain for example, where it is
28 done on a voluntary basis.

29 And a large number of addicts
30 have gone voluntarily, once they become aware of
facilities for treatment, mainly because it is
voluntary, and secondly because the records of the

1 medical profession, and the treatment of the
2 addicts, are not readily available to the state,
3 and therefore this danger and despair of possible
4 prosecution.

5 DR. LEHMANN: Now with regard
6 to this, in Article 39, which I think you would
7 be particularly referring to, where it says the
8 government should have a right to inspect any time,
9 the ^{of} prescriptions/a ^{who} physician/gives to the
10 addict, or -- if he is treating him with more
11 than two or three times the daily dose,

12 would you be satisfied if this
13 one thing be modified, the books would be available
14 and the receipts for the government but not --
15 the name of the addict.

16 Because right now, the physician
17 can treat the addict, and there is the possibility
18 for voluntary treatment.

19 MR. DAY: Yes, I would agree
20 with this, as being one means.

21 DR. LEHMANN: Then one change
22 in Article 39, the prescriptions would not then
23 be available.

24 MR. DAY: Yes, this is one
25 point, and I mention the Food and Drug Act, and

26 I gather that at present there
27 is no specific regulation by the state, of the
28 way in which the forms of marijuana are to be
29 prepared, and made available for treatment
30 to the medical profession and to addicts.

1 I know in the Food and Drug Act
2 there are specific regulations as to the manufacture
3 of the drug, the quantities in which it can be
4 distributed, and used, and by whom.

5 And I am thinking of the same --
6 these regulations could be applied to some of the
7 drugs restricted by the Narcotic Control Act, and
8 regulations have to be made in which they are
9 packaged and sold and so on, and I think this is
10 another point, for modification, because at present I don't think
11 that the Act provides for it.

12 These would be drugs specifically
13 put out in the Narcotic Control Act.

14 REV. ISAAC: Mr. Chairman, could
15 I just add a word on this?

16 When I hear the word "treatment"
17 as one who is involved in more or less the
18 counselling end, in what we might call a medical
19 aspect, I would think that the more we develop
20 the idea that every human being is a human being
21 with all the background of diversity of conflict
22 within the human being, I feel that if we are going
23 to have treatment, we must have complete treatment,
24 and just merely to attend to what seems to be an
25 immediate problem in the individual's life which
26 is the cause of -- I am talking now of the Alcohol
27 and Drug, I think it is in this area that I think
28 research would realize that a man is a full man
29 and whatever is the problem, whether it is physical
30 it must go back to other problems.

1 And I find that in my help
2 and assisting of people, the first thing that must
3 be done, and I am wondering when the legal
4 aspect is brought in, ^{how} many people are scared to
5 seek treatment because of this overhead issue of
6 the legal side.

7 While deep down these lonely
8 individuals possessed by so many problems, are
9 looking for the kind of people in treatment who
10 first of all have that human touch, and I would
11 be greatly impressed by all the Foundations and
12 hospitals that are dealing with addicts and with
13 alcohol, and I think this is the stress we must
14 make, this total picture.

15 And that is why I said -- my
16 feeling of research in the whole problem is not
17 only in/ ^{that} the individual participates in the use
18 of drug at the present time, but to get the history
19 and to go on from there, and not just merely dry it
20 up but to have a token that he or she needs more than
21 just a quick show of some type of help, is a constant
22 problem.

23 THE CHAIRMAN: Yes, I think
24 you suggested we should look more closely into the
25 use of alcohol, and I think this has become our
26 impression in the course of our study, if only for
27 one particular reason, that although some of these
28 other drugs are being emphasized and dramatized,
29 the information that we have is ^{that} the use of alcohol
30 is still the most prevalent drug among the
 young.

1 REV. ISAAC: Well yes, I
2 think, as I say I have a fair connection with 1500 ^{drinkers} /
3 from across the province, and while I gather from
4 them that there are a few participating in other
5 drugs, I think I would have to say, and the
6 Foundation backs me there to
7 prove it, that alcohol, and particularly here in
8 Newfoundland -- particularly here in Newfoundland
9 we should have^{to}/consider the use of alcohol.

10 It would seem to me that if we
11 put all of our energy, for instance if we have
12 got money, and we concentrated this on the drug
13 question, I think this would show the tremendous
14 need for this service.

15 THE CHAIRMAN: Well we also
16 consider alcohol as a drug.

17 REV. ISAAC: Thank you.

18 THE CHAIRMAN: And as a
19 psychoactive drug, in our judgment.

20 I hope you agree with that
21 assumption on our part.

22 I was wondering then, what is
23 it that we can learn for purposes of this inquiry,
24 from the experience, a long experience with
25 alcohol.

26 It has been removed from
27 criminal law regulation, and so whatever
28 social response is made to this phenomena has to
29 be in other directions than criminal law directions.

30 What is your feeling about

1 how effective our efforts have been to, I suppose --
2 well, let me say what my assumption about the
3 goal is, I would assume that our goal is about
4 the wide use of alcohol.

5 Would you agree with that?

6 REV, ISAAC: Definitely.

7 THE CHAIRMAN: That is your
8 assumption. How effective are these efforts which
9 you are very familiar with, how effective has it
10 been, do you think? What have we learned about
11 other kinds of social response?

12 REV. ISAAC: Well I would say,
13 that all of us in this particular field, are
14 learning, and so far as Newfoundland is concerned,
15 I think I would have to give my assumption to my
16 five and a half years in this field, but for a
17 long time there were various factors that you
18 didn't talk of^{about}/alcohol, because it was a dreadful
19 thing to speak about.

20 I think if the Foundation has
21 made anything, and the government, by giving
22 money to the Foundation has certainly made some
23 contribution, but our young people are now being
24 given a much better education by many
25 methods.

26 The Foundation is only one of
27 them, the Department of Health and Education is
28 another agency.

29 And I think we have learned in
30 Newfoundland, that to bring the thing out from

1 behind the scenes, and to talk friendly about it
2 as I have to people, the News Media
3 has been of a tremendous help.

4 My colleagues across Canada must
5 admit the News Media here has been
6 of tremendous help.

7 I think this is one thing that
8 we have helped people to understand, that everyone
9 who drinks is not becoming an alcoholic.

10 I mean, the simple facts have
11 been given. They may get it in other places, but
12 now we are able to give -- and this question has
13 helped.

14 My own reaction to this, is we
15 have learned, I am speaking personally of my own
16 position now, that I learned when people come to
17 me for help with the alcohol problem, that there
18 are frequently, and I presume that this may be
19 a factor in drugs, but I would only presume,
20 and I am presuming there are so many other
21 physiological factors within the makeup, so many
22 social factors, and alcohol is a crutch as other
23 substances are becoming.

24 And I think those who are going
25 to deal with those people, must remember they have
26 got to deal with the whole picture.

27 And so frequently, as I find
28 my counselling sessions going on, I can find a
29 law that seemed terrific can be (lifted?) when
30 one is concerned about the individual. Not by

1 giving him a pat on the back, and saying, "A good
2 boy", a lot of nonsense by that. What you do
3 is take the whole picture and deal with him to
4 get from that individual ^{the feeling that} he has someone, or some
5 group of people who are interested.

6 THE CHAIRMAN: What have you
7 found? We have heard this expressed in many
8 ways.

9 One might express the moral
10 alternative, viable alternatives and so on.

11 What have you found as the
12 substitution for alcohol in these
13 situations. What have you found that will take
14 its place constructively, and to create a new
15 basis of life?

16 REV. ISAAC: You are thinking
17 now of the people -- I am speaking now of the
18 people I have been associated with.

19 Well, I find that generally
20 speaking, these people, because of various physio-
21 logical aspects, perhaps never had the opportunity
22 there has been a shyness on their
23 part, to seek out. The medical profession has played
24 a great part, and I think this has had some
25 contribution.

26 The people, on the part of
27 ignorance, poverty, I mean there have been people
28 who have been the victims of this, but they found
29 a way of life just as a matter of a mere crutch.

30 And I would have to say, and

1 one who is a former, and still is, a clergyman,
2 but I would have to say that we should be seeking
3 to the hall of society today, I think the Church
4 has a responsibility, society has a responsibility,
5 because people are looking for a real happy way of
6 life, and this, to me, is the only alternative to
7 the substances of alcohol. Because ultimately speaking,
8 those who have suffered so badly from the misuse
9 of alcohol, or who had discovered by the hard way,
10 that alcohol was not anything, or any substance that
11 suited their whole behavior, they had to turn to
12 an honest way of facing up to the responsibilities
13 of life.

14 I would have to go on to say,
15 there is tremendous need for family counselling,
16 and I think right across Newfoundland today, we
17 have many families needing this kind of help.

18 Alcohol is a crutch way of life,
19 and I would make a call, as this Commission is here,
20 a total concept of all of this, and I see very
21 encouraging signs in youth. We are now realizing
22 we are having a total problem on our hands, and
23 what can we do about it.

24 THE CHAIRMAN: Thank you very
25 much, gentlemen.

26 I call upon Miss Sally Jorgensen,
27 the Chairman of the Committee on Drugs at Memorial
28 University.

29 Thank you, Rev. Isaac.

30 Excuse me, Miss Jorgensen, would

1 you like to introduce your colleagues?

2 MISS JORGENSEN: Mr. Dennis
3 Shaw, , Mr. Jack Harris, the President
4 of the Students' Union. My name is Sally Jorgensen,
5 and I am Chairman and spokesman for the Memorial
6 University Council of Students' Union Drug Committee.

7 Since receiving my information
8 for presenting ^a brief to the Commission of Inquiry,
9 the Commission has per your letter, been examining
10 the non-medical use of drugs, and its effects in
11 Newfoundland.

12 We feel the most important part
13 of this brief is a study done by the Committee with
14 the aid of members of the faculty at counselling
15 centre.

16 The study is a comparison of
17 drug users and non-drug users with reference to
18 some social and personality factors.

19 As far as we know, this is the
20 first study done with such comparisons made. We
21 have also stated the extent of information ^{which is} available
22 from local organizations. The questions upon the
23 categories of drugs are answered in order, and we
24 have tried to be quite specific.

25 In the case of cannabis, we
26 have attempted to examine a local scene, that we
27 we are sure the Commission has been deluged with
28 studies of a clinical nature, although a Committee
29 member present here today does have some studies which
30 we found most interesting and thought perhaps the

1 Commission has not obtained.

2 Our recommendations on cannabis
3 are contained in a separate section entitled
4 "Moratorium* on prosecution of cannabis offenders."

5 This recommendation does propose
6 what we think is an acceptable alternative to the
7 present situation, in the form of a moratorium
8 program.

9 Our major recommendations are
10 listed separately on page 45, the last page of
11 the brief.

12 Memorial University Students'
13 Union is very grateful to the Commission for the
14 privilege of making proposals for the eventual
15 better understanding and rational control for the
16 non-medical, or the recreational use, of drugs.

17 On behalf of the Committee, we
18 thank you very much.

19 And if you would like to --
20 and it wouldn't take very long, perhaps you would
21 just prefer to read it; we can read out the
22 section on our moratorium on cannabis.

23 THE PUBLIC: We had a written
24 brief, and we intended to present that brief as
25 such, and we can give you our comments at this
26 time, and the Commission can reflect on it, if
27 you would wish to answer them.

28 THE CHAIRMAN: This is a very
29 substantial brief, and you have summarized your
30 recommendations.

1 I think we would like to try
2 to get the benefit, while we are here, of your
3 knowledge.

4 I was just wondering, we only
5 have the one copy. I wonder if you could spare
6 us a few more, to the other Commissioners. They
7 would appreciate it.

8 Do you think there are other
9 parts of your brief, which looks to be extremely
10 informative, that would be of interest to perhaps
11 and of assistance to those who are present here
12 today.

13 It is a very substantial
14 document, and I think the people here would
15 probably like to hear some more.

16 MISS JORGENSEN: We feel
17 the most important part of our brief is our
18 survey.

19 THE CHAIRMAN: Would you like
20 to tell us about the survey, Miss Jorgensen?

21 We would be very interested
22 in that.

23 MISS JORGENSEN: We went
24 around the University, either acquiring through
25 friends, or by random choice, and got ahold
26 of a number of drug users, and we
27 got an interview from them, and a copy of the
28 interview was included in the brief, and we filled
29 out that/with them, and we matched 25 non-users with
30 the users on five factors; religious up-bringing,

1 age, sex, year in university, and residential
2 background.

3 And then we compiled the
4 information done from these surveys. And one
5 point I would specifically like to make, is when
6 we were about half way through our survey -- I
7 will just read what we have to say about it.

8 Early December in '69, while
9 the committee was in the midst of conducting its
10 survey, a mass arrest of young users of cannabis
11 was made by the R.C.M.P.

12 Following these arrests, the
13 committee noticed increasing difficulty in
14 obtaining voluntary anonymous interviews. This
15 would appear to corroborate claims of scientific
16 researchers that the legal sanctions and enforcement
17 policies make scientific, medical and sociological
18 study extremely difficult.

19 THE PUBLIC: We found a number
20 of interesting things in the survey. As we
21 stated earlier, I think this is the first survey
22 that was done, taking comparison of users and
23 non-users on attitudes towards drugs, and the
24 comparison to the background, and this sort of
25 thing, and the personality traits, and what have
26 you.

27 And it was interesting to note
28 that first of all, the people who were admitted
29 were closer to their families.

30 76 percent of the drug users

1 felt closer to their families in regard to their
2 understanding, compared to only 50 percent
3 of the non-users.

4 And as far as their leisure
5 time was concerned, the users had a much greater
6 social orientation, that 36% preferred spending
7 time with their friends, while only 12 percent of
8 the non-users fell into this category.

9 It is also interesting to
10 note, that their attitude toward the legal
11 situation towards drugs, is not too startling
12 to note that 100 percent of the users felt that
13 marijuana should be legalized, while only eight
14 percent of the non-users.

15 But the other interesting
16 thing concerning hallucinogens, the users ---

17 MISS JORGENSEN: Eight percent
18 of the users wanted to see hallucinogens legalized,
19 while 44 percent of the non-users wanted to
20 see it legalized.

21 I think this is where education
22 in this province has fallen down. They have run
23 hallucinogens and cannabis together, and when
24 the students find out cannabis is not that
25 which they do through experience with their friends
26 harmful, or from scientific articles they have read.
27 And instead of linking them together and
28 being afraid of cannabis, as LSD, they are being
29 more sure of LSD, like they are cannabis, as can
30 be seen where 44 percent of the non-users wanted
to see it legalized. And I think this is where it
shows a great lack of information available on the

1 problem.

2 THE CHAIRMAN: Forty-four
3 percent of the users of what?

4 MISS JORGENSEN: The non-users
5 of any drug.

6 THE CHAIRMAN: Of any drug?

7 MISS JORGENSEN: Who have
8 ever used a drug for non-medical purposes.

9 THE CHAIRMAN: Hallucinogens,
10 LSD. How many people would this be in the sample?

11 THE PUBLIC: Forty-four
12 percent of twenty-five people.

13 We have twenty-five users, and
14 twenty-five non-users.

15 MISS JORGENSEN: This is not
16 supposed to be a cross-section of the University.

17 THE CHAIRMAN: Right. How
18 was that question put?

19 As a matter of interest, could
20 you read that out?

21 THE PUBLIC: It is in the
22 questionnaire.

23 THE CHAIRMAN: That particular
24 question, I was interested as to how it was put,
25 the one response of the forty-four percent, and
26 twenty-five people calling for the legalization
27 of LSD.

28 MISS JORGENSEN: What controls
29 if any would you put on the following drugs: that
30 says marijuana, hallucinogens (LSD) peyote

1 THE PUBLIC: There is a list of drugs: Stimulants,
2 amphetamines,
3 dexadrine, etc., narcotics and methadone, etc.

4 THE CHAIRMAN: And what
5 about amphetamines?

6 THE PUBLIC: Or the ones
7 that make available the hallucinogens.

8 MR. STEIN: Again, could I
9 ask the question I asked the previous speakers.

10 When you asked -- when you
11 got the answer to be legalized, did you
12 interpret that as ^{meaning} without controls.

13 THE PUBLIC: No, certainly
14 not. When we made our recommendations con-
15 cerning what should be done about it, especially
16 with reference to cannabis, the whole word
17 "legalization" to us, did not mean it is now
18 free.

19 Certainly one of the biggest
20 problems with drugs, is the lack of purity
21 involved in it, and because it is
22 available on the black market, and because it
23 is not done through any testing, or things like
24 that. People do not know what they are taking.

25 When someone takes LSD and
26 he gets it through the black market,
27 well then the impurity that is under
28 great question on this, where he does not know
29 what he is taking, and very often the side effects
30 of drug users, and some of the things which they
are doing -- the harm of drugs right now, are

1 the impurities involved in these drugs, which
2 are made available through non-medical means,
3 and through the black market.

4 MISS JORGENSEN: One point
5 I would like to make, is we
6 did not make our recommendations based on the
7 question, but the students who asked a question,
8 if they wanted to see no controls at all or if
9 they wanted legalization.

10 Usually, the way they put it:
11 like alcohol is legalized, with no restriction,
12 that's the way a lot of them said it.

13 THE PUBLIC: The recommendations
14 are not based only on the survey answers,
15 and we made our own recommendations just for the
16 benefit of the Commission, and what the users
17 and non-users said.

18 THE CHAIRMAN: On that subject,
19 your own recommendations in number six, say that
20 penalties governing the use of hallucinogens be
21 reduced, and the rehabilitative treatment replace
22 the present punitive treatment.

23 I take it you are including
24 hallucinogens there; you are excluding cannabis.

25 MISS JORGENSEN: We classified
26 that section.

27 THE CHAIRMAN: Separately.

28 What is the basis for that
29 recommendation, having regard to our earlier
30 discussion about the fact that only eight percent

1 of the users wanted hallucinogens legalized?

2 can necessarily
I/understand that is not /

3 a recommendation for legalization.

4 MISS JORGENSEN: The
5 committee actually was split on the question
6 of hallucinogens.

7 None of us wanted to see
8 it legalized, but we wanted clinics set up
9 where they could get treatment.

10 Now part of the committee
11 wanted to see that people can get LSD in these
12 clinics under medical supervision, if they
13 wanted to try it. And the arguments were that
14 the drug be pure, and that also it would omit
15 a lot of the side effects of the drug, because
16 we feel that a lot of the side effects are due
17 to the impurities, whereas if we get it at
18 the clinic, it would be pure.

19 But a lot of the others in
20 the committee did not want to see the drug
21 available, even through clinical supervision,
22 because we felt not enough testing has been
23 done to prove that it was safe to try it,
24 specifically with the scare of chromosome damage.

25 Although it has not been
26 proved conclusively that chromosome damage is
27 definite.

28 THE PUBLIC: You see, the
29 recommendations were divided, and the reason
30 that some of the members felt that hallucinogens

1 should be omitted from the clinics, is because of
2 the impurities involved, and also the fact that if
3 someone is going to take hallucinogens, he may as
4 well be taking the pure stuff. And if the committee
5 is going to deal with people who have had a bad
6 reaction to hallucinogens, and they are sent to the
7 clinic, and young people coming in who have had bad
8 effects on it, and are still going to take it anyway,
9 well, "Come to the clinic and we will give it to you,
10 and we will take care of you if anything goes wrong."

11 DR. LEHMANN: You know, in our
12 hearings at Halifax yesterday, two things were
13 pointed out, that referred specifically to the point
14 you just made.

15 One was, that in the analysis of
16 street samples of LSD, it was usually found that
17 LSD is pretty pure.

18 MISS JORGENSEN: Here it isn't
19 it is quite often mixed with methadrine, and in
20 some cases with strychnine too.

21 THE CHAIRMAN: Excuse me, Dr.
22 Lehmann, ^{how} have these been established?

23 THE PUBLIC: The analysis? They
24 were reported from the Halifax R.C.M.P. records.

25 DR. LEHMANN: These were
26 Halifax and R.C.M.P. laboratories too. The
27 overall scoreboard was that LSD was one of the
28 purest, but in any case, there is this -- strychnine
29 incidentally is very rare, although we do hear
30 from many users, and non-users, various statements

1 being made that seventy-five, or eighty percent
2 of the stuff you get is half strychnine, and so
3 on, the actual fact is that -- I discussed it
4 again yesterday with Dr. Segal in Halifax, who
5 has done a great deal of research on the substance,
6 and we heard the same in Toronto and from other
7 people who have done this, that strychnine is
8 sometimes found, but quite rarely.

9 MISS JORGESSEN: Well, if it helps,
10 the point I raised, I did say it has been known in
11 some cases.

12 THE PUBLIC: This is from
13 samples received by the R.C.M.P. from their lab.

14 DR. LEHMANN: Occasionally it
15 was, but not in the proportion that it was mentioned.

16 But the other point that we
17 had discussed yesterday, by Mr. Segal, from pathology
18 of Dalhousie, he pointed out that they are doing
19 research with it now, officially, that cannabis is,
20 as most pharmacologists would classify it, a
21 hallucinogen and that the effects are by no means
22 to be taken too lightly.

23 Because when they give it in the
24 larger amounts, and they have government supplies /
25 and research protocol, so they don't have to be very
26 careful so that if they do get potent regulated
27 quantities and qualities, then through their
28 research subjects, / they find they hallucinate just as much
29 as with LSD, and Mr. Segal pointed out, as many
30 others have pointed out before, that in larger

1 doses, cannabis is just as much of an hallucinogen
2 as any other hallucinogen.

3 THE PUBLIC: I wonder if I
4 couldn't comment on that. Was that Mark Segal?

5 DR. LEHMANN: No, it was
6 Dr. Robert Seigel.

7 THE PUBLIC: I would like to
8 comment on that.

9 You made a reference that
10 "street" grass be used, and synthetic products not
11 be used, and he was telling why, because the user
12 usually does not have a needle injection of
13 synthetic THC, but rather, the most he can get is
14 a little hashish, which is a lot more powerful
15 than pot, but grass is more potent.

16 DR. LEHMANN: We were talking
17 about smoking grass, smoking marijuana, and in
18 relation to this he pointed out again, in
19 discussing the research with him, it became very
20 clear that these people, psychology students
21 smoking cigarettes, marijuana cigarettes, become
22 hallucinated and experienced distortion.

23 THE PUBLIC: Of course, this
24 is how many cigarettes, and it is also the setting,
25 and it is another select group which we criticize.
26 In selecting different groups ^{from} institutions and
27 personnel from mental institutions and psychology ^{students} /
28 and this is a select group.

29 I wonder if I could introduce a
30 bit of levity with (inaudible) here, but I

1 think since it has been observed by many people
2 that persons with long hair are most subject to
3 police harassment, than ones with more conservative
4 hair styles, it is important that non-users tend
5 to have ^{long hair and} we suggest that perhaps police try to
6 use another criterion for their search activities.

7 MR. STEIN: Appropo to your
8 levity which didn't bring down the house, could
9 you give us an indication, I'm sure it's in here,
10 or you inferred that it was in here, something
11 regarding the nature of the extent of the use of
12 marijuana and the other hallucinogenic drugs at
13 Memorial?

14 I realize this will probably
15 be impressionistic, and also the extent of the
16 use of alcohol.

17 MISS JORGENSEN: We compared
18 the use of alcohol, and the use of other drugs,
19 but we did not take an account of how many
20 people smoke, or use any other kind of drugs.

21 MR. STEIN: I realize that.
22 I wonder if you had an impression?

23 THE PUBLIC: The only studies
24 done, were done by Ron Humphries, and he is a
25 joke around St. John's audience. He is a radio
26 announcer, who purports to have great information
27 concerning the use of drugs on campus, and in
28 St. John's, and does much to make the situation
29 worse by making it non-rational, and this is a
30 comment I would wish to make at the beginning of

1 the Commission, and that is three points,
2 one concerning the attitude toward drugs, and
3 toward the control of drugs, and we find that
4 there is a supreme lack of rationality in the
5 discussions concerning drugs, there has been no
6 non-biased medical information made available
7 through any program in government foundation
8 programs, or programs by any service organization.

9 We have heard talk in circles
10 of starting a drug alert program, or a program
11 to make information available to high school
12 students, and the public in general, concerning
13 drugs, but from the attitudes which have been
14 expressed in the readings, on T.V. programs, etc.,
15 we do not feel that these people are going to
16 present non-biased information.

17 We have the attitude, a punitive
18 attitude in some instances, and also an attitude
19 of, "well, we have got to get these kids before
20 they start using these things.

21 We have got to tell them this
22 is wrong." And this is one thing which is not
23 going to help the situation, anyway, because kids
24 and students are not stupid.

25 They can see when someone is
26 providing biased information, and they are not
27 going to buy it.

28 When someone reads a pamphlet
29 put out by the government, or an agency, and they
30 see that this pamphlet is not treating the problem

1 fairly, well then / ^{they} are certainly not going to
2 believe the information in it.

3 Certainly it may be valid
4 information, but if it is presented in a biased
5 nature in the beginning, then they are not going
6 to accept it as a knowledgeable authority on the
7 drug problem.

8 MISS JORGENSEN: All they
9 have to do, is catch one mistake in the article
10 and they will doubt the credibility.

11 THE CHAIRMAN: That is pretty
12 exacting; it makes you rather uneasy.

13 MISS JORGENSEN: But I think
14 you would have more respect if you could
15 put down that it is not definitely so, and so.

16 Because rather than state
17 something in the hope that well we don't know
18 too much about it, so we had better say the worst,
19 so that they don't try it.

20 DR. LEHMANN: But so very
21 frequently the users, and others who speak for
22 them, make more than one wrong statement with
23 great assertive force, but that of course is to
24 be disregarded.

25 THE PUBLIC: But they don't put
26 out pamphlets to everybody.

27 THE CHAIRMAN: Well we saw
28 a film yesterday, as a matter of fact, and it
29 was a very helpful film in many ways, but I
30 think there were moments when we had an uneasy

1 feeling that there might be a little bit of
2 counter-propaganda being used.

3 There were, what we have come
4 to recognized, as stereotypes.

5 THE PUBLIC: Excuse me, what
6 movie was this?

7 DR. LEHMANN: It was the tape
8 of a young group working with a psychiatrist.

9 THE CHAIRMAN: Yes, and I
10 don't mean to discourage them, on the contrary,
11 it was very informative, and to be as honest
12 as we can, we detected to be what seemed to us
13 certain stereotypes about, for example, drug
14 adulteration. So, you know, I think that certainly
15 one is entitled to an honest attempt to develop
16 sound information and convey it.

17 I think we should also have
18 a certain tolerance about the difficulty of making
19 balanced judgments and conveying them, with a
20 suitable degree of precision.

21 I want to state in public that
22 we are very conscious of this at the moment, and
23 I am sure that you agree with that.

24 MISS JORGENSEN: Well, it's
25 a fact, and like it or not, that if authorities
26 were to put out one pamphlet with a mistake in
27 it, and a drug user was to make a statement
28 that also contained a serious error, the young
29 people would be more inclined to believe the
30 user, than the official pamphlet.

1 THE PUBLIC: I would like
2 to say, that I hope the survey should not
3 be confused with recommendations of the committee
4 we do have three recommendations based on the
5 survey, and this is just to take into consideration
6 and they are very simple recommendations, and one
7 is that some of the questions raised by the data
8 in the survey ^{meritted} further investigation, and
9 two that any study survey differences
10 in any variables, was so they matched controls
11 as well as users, which I have never seen reported
12 and number three, since eighty percent of the non-
13 users would become users if drugs become more
14 available and given the full education and
15 increased availability of drugs,

16 education is the most important
17 in bringing out
18 factor in/ the harm done in society, and it is
19 of special importance to draw upon the experience
20 of the users in producing new controls, and this
21 is where people have fallen down.

22 This is throughout the United
23 States, and everywhere. Some literature that we
24 have has come from the United States, in attempts
25 by the organizations to enlist users, ex-narcotic
26 addicts, and users of the softer drugs, to come
27 in and talk, and it has been quite successful,
28 because, as I think you know, people are more
29 likely to accept, or learn things, from the peer
30 groups.

But these three recommendations

1 are just based on this survey, and as Miss
2 Jorgensen said, we did^a pretty comprehensive
3 analysis in this city, and on the campus, and
4 on what/^{undercover} drug activities have resulted in, and
5 they have resulted in violence on campus between
6 students suspecting one another, not being able
7 to verify their innocence as to being part of
8 it, and it has gotten quite -- I must say it is
9 contained in the brief.

10 I came here one year ago
11 tomorrow from the States. I did a survey, a
12 cross-section of -- a very large cross-section
13 for a taped interview, which is contained in the
14 brief, a summary at least, with the raw tabulated
15 data.

16 I did general, public, high
17 school, college and professional, on tape,
18 correlated the data. Half of the high schools be-
19 longing to the Allied Youth which Rev. Isaac, I
20 believe, is a director and prime mover in that
21 organization.

22 I had more information
23 available to them, but I wish that we had
24 information here that Allied Youth put out, which
25 was criticized by most of the people that I
26 interviewed, as how they portray drinking as
27 opposed to marijuana.

28 You must look at this, it is ^{called} /

29 " Drugs and People."

30 Alcohol was depicted in a

1 little comic book form, as mom and dad, nicely
2 dressed, sitting there having their cocktail,
3 very nice scene.

4 But below it, ^{it} said the
5 addiction rate, and everything. This was --
6 graphics are more important where the young
7 people are concerned. The picture is more
8 important.

9 THE CHAIRMAN: We found it
10 is most helpful to let a person make their
11 statement, and you will certainly have an oppor-
12 tunity.

13 THE PUBLIC: This is just one
14 example.. Now you turn the page over to the
15 marijuana situation, and you find a picture of
16 the globe circled in green, and this monster
17 who looks like a werewolf with smoke curling up,
18 and it ^{leads} to deprivation and physical and mental,
19 you know, an impaired health, etc. etc.

20 Everything that you could postu-
21 late from all the far Eastern and Indian studies,
22 which have since been, I think, discredited in
23 the eyes of the scientific community. And this
24 is what I am talking about. What perspective
25 is alcohol and other drugs, you know, put in,
26 and what perspective are other drugs? This was
27 the thing.

28 Now I found no other allied
29 youth members were better informed about what
30 drugs were; they were the least well informed

1 as to the effects, side effects and laws, and
2 everything else.

3 All they knew is, that this
4 is bad.

5 THE PUBLIC: Another example
6 of the kind of education programs that are
7 embarked upon, is one that a poster is reprinted
8 in an article of Scientific American, concerning
9 the marijuana situation. And I am sure, but I
10 can't quote the issue right now.

11 It was an issue of last
12 January, I believe. Ted has it there. But there
13 is a reprint there of a poster which was prepared
14 by the Federal Health Administration in the 1930's.

15 Now, we are away back then,
16 but it is a kind of government education program,
17 which was promulgated. It was a poster with
18 statements concerning marijuana, and it starts
19 off, "Beware of the cannabis dangers"
20 because they will bring you death, insanity,"
21 and several other things, and they talk about
22 the "deadly effects" of marijuana.

23 This is back in the 1930's
24 but again it is an idea of the approach on the
25 matters of education and the matters of drugs,
26 and matters of importance, and this is very
27 difficult to find what agencies do when they
28 are trying to educate people, and what they do do
29 is try to scare them, or indoctrinate them.

30 THE CHAIRMAN: Rev. Isaac,

1 I promised a lady at the other end of the room
2 that I would recognize her. She has waited a
3 long time.

4 THE PUBLIC: My name is
5 Margaret Carney, and I am here this morning
6 because I am the mother of four children.

7 Three of them are extremely
8 vulnerable to the drug addiction, and when I
9 speak of drugs, I speak only of marijuana,
10 because I have never even seen any drug.

11 But I feel that something
12 has to be said, and I haven't heard anything
13 said this morning, about help being given to
14 children who might even come in the way of
15 marijuana.

16 I have heard Mr. Shaw on
17 television very much, and I think Mr. Shaw is
18 a threat to my children.

19 He has a very loose and dis-
20 orderly attitude towards drugs. And I wonder
21 if Miss Jorgensen ever gave any thought of the
22 children she spoke to to reduce it to the very
23 simplest terms, "We're breaking the law."

24 I am sorry, sir, but the law
25 says in this province, that buying, smoking,
26 having, taking, and having in your possession
27 of marijuana, or any other drug, is breaking
28 the law.

29 Miss Jorgensen said this
30 morning that she thinks a clinic should be

1 established, where people could find out what
2 hallucinogenic drugs do. Does she also advocate
3 that we open a clinic and find out what stealing
4 a car will do?

5 It is the same thing. I
6 think, and I know, that marijuana is very
7 dangerous. I know a young child, she is seventeen
8 right now. She saw one other friend of hers
9 take and smoke marijuana, and in the light of
10 this marijuana she went into the kitchen of her
11 own home, and the front burner was on, on the
12 stove, and in her height she put her finger on
13 the stove, thinking it was a red flower, and
14 burned it.

15 Now if marijuana will do
16 this to only one child in the province of
17 Canada, then I feel that marijuana is dangerous
18 and should be very severely restricted. Because
19 I am speaking for all the mothers of children.
20 Three of mine are vulnerable right now, because
21 they are between the ages of fifteen and twenty.
22 The youngest is eight.

23 I heard Dr. Boddie
24 say on television the other day, that young
25 children are smoking dope. In other words, in
26 another two years, my smaller one will be
27 vulnerable for smoking dope.

28 I think the children who
29 are found with marijuana on them should be
30 punished, and I think that the laws for people

1 who are found trafficking in any drug, of any
2 kind, should be severely punished.

3 There was a statement on the
4 radio the other day, that the Hon. John Munro said
5 that if very many people in Canada used marijuana,
6 well then we will have to legalize it.

7 I'm sorry, this is the most
8 stupid thing I have ever heard of in my life. Also
9 Robert Stanfield said that he doesn't think
10 marijuana is a narcotic.

11 Anything that interferes with
12 the mind of any person who takes it, in my mind,
13 is a narcotic. And you can raise your hands if
14 you like, Mr. Shaw, but I am a mother with children
15 and I am primarily concerned, Because the fact that
16 now the children are free, and out on their own,
17 anywhere they go, where they might get a marijuana
18 cigarette.

19 I have never seen it, perhaps
20 it is my duty to find out what it is like.

21 THE PUBLIC: Yes, I would say
22 it is.

23 THE PUBLIC: Sure it is.
24 But I hear you talking constantly about children
25 finding out their rights.

26 Children of course, when they
27 have marijuana, that they break the law.

28 THE PUBLIC: About arrest ---

29 THE PUBLIC: But it starts
30 first when they break the law, sir.

1 THE PUBLIC: They also break
2 the law in drinking.

3 THE PUBLIC: We are not talking
4 about drinking this morning. This is an inquiry
5 on drug addiction, and what drugs do.

6 THE PUBLIC: Would you agree
7 that the addiction to alcohol is an addiction also.

8 THE PUBLIC: Yes, but alcohol is
9 a little harder to get ahold of, because fifteen
10 year old children find it very difficult to go
11 into a liquor store and buy a bottle of liquor.

12 THE PUBLIC: You haven't been
13 around the NIC's lately. I can tell that.

14 THE PUBLIC: I have indeed. I
15 go quite often. And I am not a liquor addict.

16 But you know very well that
17 one young girl, a very well known young girl, is
18 in hospital, in the mental hospital right now, because
19 of LSD.

20 THE PUBLIC: That's right. Let's
21 not confuse the two.

22 Your case on the burner incident
23 ---

24 THE PUBLIC: Miss Jorgensen said
25 a clinic should be opened to find out what LSD
26 can do.

27 MISS JORGENSEN: I beg your
28 pardon. I did not say that.

29 THE PUBLIC: I think Miss
30 Jorgensen, if you were a very responsible person,

1 that you would advocate in your brief that a
2 moratorium be put entirely on all drugs, to make
3 sure that all children do not get ahold of them,
4 because as I said, if marijuana can damage only
5 one child, then that makes it dangerous for every
6 child in Canada.

7 I have spoken to many children
8 myself, I didn't come here to talk off the top of
9 my head this morning, a lot of children will try
10 marijuana.

11 I know there are such things
12 in St. John's as "turn on" parties.

13 THE PUBLIC: I haven't attended
14 one, and I haven't seen one.

15 THE PUBLIC: Well, I am surprised.

16 THE PUBLIC: May I make a response
17 to one thing?

18 THE PUBLIC: You just be quiet,
19 I am speaking here, Mr. Shaw, this morning, and as
20 I told you, I am speaking as a very worried mother,
21 and probably for all the mothers in the city.

22 There are "turn on" parties,
23 there are places where children can go and get
24 marijuana, and I think it should be stopped.
25 I think as responsible members of university, you
26 should make an effort to see that that doesn't
27 happen, because there is a danger to children.

28 And I would hope that this
29 Commission really, I cannot tell you how strongly
30 I feel about it, that it is not for the older people

1 in Canada, who are drug addicts.

2 I don't think you will find
3 there are very many heroin addicts in the city.
4 What concerns me more than anything else, is the
5 marijuana that the children get ahold of. And I
6 feel that lots of children will try marijuana,
7 but the danger lies in the fact that the unstable
8 child, you know, will try it again.

9 I have been told that many
10 children, perhaps who have had an inferiority
11 complex. By the way, I know what an inferiority
12 complex is. I had a dreadful one when I was a
13 child, and I have been told by the children that
14 those of them who are going to parties and don't
15 feel very sure of themselves, and don't want to
16 walk into this room full of people, will smoke
17 marijuana because it makes them feel just a little
18 better.

19 All right, fine, next week they
20 are going to another party, and they take marijuana.
21 But where you can say that marijuana is an addictive
22 drug, the danger is there, that it will lead on
23 to another, and another, and another.

24 And I would like to think that
25 you three young people sitting here before me this
26 morning would turn your energies on to make sure,
27 because apparently you have a great deal of energy,
28 that more and more information is found out, and that
29 you help people to make sure that young people in
30 this city do not sniff glue, and do not smoke

1 marijuana, just on the one chance that those of
2 them who do smoke might go on further.

3 That is all I have to say,
4 sir.

5 THE PUBLIC: Mr. Chairman, I
6 think that what Mrs. Kearney has to say, is very
7 important in that it emphasizes the need, first
8 of all, for a very large college education program,
9 concerning these drugs.

10 I don't wish to rebut any of
11 the statements that she made, but I do feel that
12 marijuana, and all drug problems are a social
13 problem, not necessarily a legal one, a social
14 and medical problem, and they must be dealt with
15 rationally, by people who are competent to make
16 opinions on it; and I do wish to say that we are
17 well aware of the legal situation regarding mari-
18 juana and all the other drugs.

19 We are very concerned about the
20 drug situation, both in the province and nationally,
21 and this is why we are here today.

22 We wouldn't be here if we
23 weren't concerned. We are interested in solving
24 this problem, and that is why we are here, and
25 that's why we have prepared this brief, and we have
26 worked on it for months and we are very concerned
27 about the problem where it is a problem.

28 But we are concerned that we have
29 a rational approach rather than an emotional one
30 to the situation, and we work together, to try to

1 improve it.

2 MISS JORGENSEN: I would like
3 to emphasize here, we are not advocating out and out
4 legalization, because we realize there are problems
5 like this, and what we have recommended, we feel,
6 is an alternative which will help the whole situ-
7 ation.

8 THE PUBLIC: Another thing we
9 would like to emphasize, and Mrs Kearney brought
10 up again these things in her speech.

11 She mentioned that the drug
12 addiction problem, or the problem with drugs, is
13 one of the youth, and we feel very strongly that
14 this is not entirely the case.

15 However, this Commission is
16 concerned with the non-medical use of drugs, and
17 I consider any person who is living from day to
18 day on barbiturates at night and stimulants in
19 the morning, he does have a drug problem, and
20 this is not confined to the youth.

21 This is in the area of middle-
22 aged people, who get up in the morning on pep
23 pills, and keep pep pills through the day to keep
24 them awake, and functioning, and go to bed at
25 night on barbiturates.

26 And we feel that this is also
27 a problem, and this is not necessarily the medical
28 use of drugs.

29 We feel that there is much
30 abuse in that area too.

1 THE CHAIRMAN: What is the
2 basis for your impression on this particular drug
3 use?

4 MISS JORGENSEN: From what we
5 have read, it seems marijuana and LSD have been
6 extremely emphasized all over by the press. It
7 is one of the things the press like to sensationalize
8 and out of all the studies we have done, we
9 found about the most dangerous drugs are the
10 amphetamines, which you can get on prescription.

11 THE CHAIRMAN: Reference was
12 made to stimulants, to amphetamines, and barbiturates
13 by adults, middle-aged I believe, was the expression
14 used.

15 What is the basis for your
16 statement?

17 What do you know?

18 THE PUBLIC: The basis is not
19 on any survey which has been done, but rather
20 an impression gained from persons knowledge, from
21 people that we know.

22 THE CHAIRMAN: Direct personal
23 knowledge.

24 THE PUBLIC: Direct personal
25 knowledge.

26 THE PUBLIC: I might add, that
27 I did, to a degree, survey the pharmacists in this
28 community, on a personal basis, and asked what
29 the word was going out on stimulants, sedatives
30 and tranquilizers, and believe me,

1
2 it is pretty appalling.

3 Also, I might just add one
4 thing. I don't wish to rebut this lady's state-
5 ments at all. Obviously anyone who comes into
6 this community in the last year, when the first
7 marijuana arrest happened last year in Cornerbrooke
8 I believe, and a student was arrested later, and
9 then we have had a mass arrest of twelve.

10 I have never, at any time,
11 publicly advocated legalization. I think I am
12 about as aware as anyone in this room, as to the
13 problems concerning marijuana, and use, and
14 hashish use.

15 And through my experience of
16 fifteen years of use, I might say, that in the
17 States, I voluntarily gave up this use.
18 I think that the incidents the lady quoted about
19 the hand on the electric plate, I also read this 125
20 in the newspaper and I could just about
21 quote you. This was a person under the
22 influence of LSD, and here is the problem.

23 People have confused LSD with
24 marijuana for so long, so that there is such a
25 scare on marijuana; that now a little more facts
26 are coming to light on marijuana, that it is
27 relatively not as harmful as it was supposed to
28 have been.

29 THE PUBLIC: Excuse me, Mr.
30 Shaw, I must admit it was not LSD, it was marijuana.

1 I have spoken with the young girl. It was
2 marijuana, sir.

3 I would not mistake marijuana
4 with LSD, and I have never seen true hallucinations.
5 Delusions possibly, but hallucinations to that
6 extreme I have never seen myself.

7 DR. LEHMANN: Mr. Segal sees
8 them very often.

9 THE PUBLIC: Yes, but I say
10 again, Mr. Segal sees them when they are
11 administered to a select group with a more than
12 average dose.

13 THE CHAIRMAN: Rev. Isaac?

14 REV. ISAAC: I would like to
15 tell Mr. Shaw, that when he talks of education,
16 there is one thing about any educator, he should
17 be sure of his facts.

18 He should never stand before
19 any group. I have sat here and listened, and I
20 gave him permission to speak to the Young Allied
21 Youths Attic Conference last year, and I heard
22 him make the same statement, and he made it today,
23 and I want to correct it, because it would be
24 a wrong impression.

25 He hasn't had a book put out by
26 the Allied Youth, and mentioned the fact. Mr.
27 Shaw, if he is going to be such an expert, should
28 know it, that if he read the book, and he saw it
29 in my hands; it was a book put out by people in
30 Ontario, known by the Addiction and Research

1 Foundation, and in the Allied Youth movement, we
2 are indebted to many agencies, to get pro and
3 con concern on the thing, but I wanted that to
4 be corrected.

5 And the inference made about
6 Allied Youth, if Mr. Shaw is going to make such
7 a broad statement, I think he accompanies the
8 director to twenty-two centres. He may have
9 had the privilege -- we gave him the privilege
10 of speaking to these young people.

11 We don't feel we have any
12 right to withhold any privilege from any man,
13 but he stood at the door there, and he spoke to
14 individuals. They were not advised they were
15 going to be speaking of anything. He was in the
16 course of his research.

17 And I would like to tell Mr.
18 Shaw, that the impression the young people have
19 off the campus, is Mr. Shaw is giving some kind
20 of an impression that we should use drugs, and
21 if he, perhaps, would listen to this lady this
22 morning, I think she has got a very valid
23 point.

24 And I want to say, that as
25 a human being, if I know of any substance that
26 effects one individual, I surely in the light of
27 my appeal this morning to this Commission, say
28 let's be sure of all our facts before we come
29 to these decisions.

30 But I would hope, Mr. Shaw,

1 you won't repeat it again in reference to Allied
2 Youth. Be sure of your facts. The book comes
3 from expert people. We don't accept in Allied
4 Youth ^{that} everything that they say is perhaps
5 accurate, but I think they have been well
6 equipped and qualified, and have people that are
7 qualified to speak like that.

8 I think the other aspects of
9 the book have done so much for the people of
10 Newfoundland, and we are so delighted a new book
11 that is just on the way, and we think it is
12 well done, by the people in the Ontario Foundation,
13 and we should make it available to all people. But
14 I would like to make that absolutely clear, that
15 it was not a book of Allied Youth, it was a book
16 given to young people in Allied Youth, and it
17 should be given to other young people in the
18 province.

19 MR. STEIN: Could I ask you,
20 on the question of the content , coming back
21 to the content of it, and I also, and I think
22 all the Commissioners may have seen it.

23 I would be interested in
24 your view of the point made by the gentleman
25 there, about the effect of showing the visual
26 picture of the alcohol consumption with apparently
27 I think the description was of a family sitting
28 dressed for dinner, contrasting this with the
29 other kind of visual picture of a demonic were-
30 wolf kind of effect.

1 Do you have any views on the
2 content -- disregarding for the moment, and
3 assuming we would both agree that the Ontario
4 Foundation is an organization with some very
5 highly respected people that perform a very
6 valuable service.

7 But taking a look at this
8 pamphlet itself, do you have any views on this,
9 in terms of the points raised?

10 REV. ISAAC: No, I feel
11 that these pamphlets handed out, as indeed
12 films, I don't think you can really indeed get
13 one film today that really settles the issue
14 one way or the other.

15 I think, as I listened this
16 morning, to what was being said, talking of
17 unbias, I think that we are all given to a
18 certain amount of bias from background from
19 which we come, and I think in that pamphlet as
20 indeed from other pamphlets and films from the
21 Ontario Foundation, throughout, I think the two
22 sides are well put, because it is a very broad
23 issue.

24 I would respectfully suggest
25 that if I had given more time, I wish I had
26 the pamphlet here this morning, sir, to particularly
27 see it, but I was raising the question on the
28 broader principle in putting out -- as we have
29 to wait in any movement, or in any organization,
30 until everything is finalized, as indeed we

learn from here today, ^{or} we would never get the perfect state.

But we must lead these young individuals. And I don't think it was too serious a matter. I am not sure if our good friend has advised the Ontario Foundation of it being wrong, but I am sure David Archibald would love to hear it, and I am sure he would correct it in any further publications of the next one.

THE PUBLIC: Chairman Stein,
I wonder if I could ---

MR. STEIN: The Chairman is
over here.

THE PUBLIC: About that pamphlet, I attacked the pamphlet in those two specific instances, in those two examples given.

The rest of the pamphlet was pretty much the same, except, well, I could mention such that the cocaine user was holding a gun in his hand. This is fine, because I do believe cocaine is a very difficult drug, it produces aggressive behavior.

I must say, I objected to the way it was put, the context in which this was put.

Now I went to an Allied Youth conference, with a tape, and asked a set of nine questions, and then I went to a group of twenty-five non-Allied Youth, and then I went to a group of fifty Memorial students, and a group of fifty of the general public in our areas of work, and it

1 has been submitted in the brief, and then professionals,
2 and that I don't wish to argue; I think
3 any statements I have made in the last nine
4 months, I believe, were basically -- I decided to
5 speak out, because I saw one young fellow from
6 Montreal being literally crucified here, for having
7 a very small amount of hashish.

8 He was a working boy, and he was
9 a salesman for his father's firm, and came here and
10 got crucified here by the press, as a smuggler and
11 a trafficker, and this did not bear out in the
12 final analysis, but he was sent to the penitentiary,
13 first offense, twenty-two years old.

14 I felt that the emotional status
15 of the situation in regards to marijuana, was
16 really out of hand.

17 I have never made a statement
18 as to advocating legalization. I myself would want
19 restrictions on this, and more study.

20 Some people I have seen and
21 spoken, on this, couldn't care less. The object
22 is, I think, of course you cannot justify the
23 argument about, well, if you legalize marijuana
24 you must because alcohol is legal; why legalize
25 marijuana, why put another thing on the market.

26 Fine, I agree with this, and I
27 have agreed with it many times, but what I don't
28 agree is, and the question should be asked is, why
29 do you not punish the alcohol drinkers?

30 Why would you punish somebody for

1 taking something else, which could be equally as
2 harmful, which is not?

3 The idea is punishment, and
4 alienation, and there is becoming a social problem.
5 The taking of marijuana per se, is not the problem.

6 The problem is the marijuana
7 problem, as has been quoted before, if you can
8 get through that one.

9 Now, I have experience which I
10 wish to testify on, after this. I did not wish
11 to take this on as a specific issue. I was asked
12 to come on the committee, and I helped on the
13 committee in a limited way, mainly to get all the
14 scientific data from journals that I could possibly
15 get, that I could read, both pro and con, as our
16 friend said, which piled into the hundreds, from
17 all over the world, in journals, and gave as many
18 articles as possible.

19 But I do wish, if given the
20 opportunity to testify on a matter which is dealing
21 with the law.

22 And I have some special information
23 which I think the Commission would like to hear,
24 and I would be willing to give this publicly.

25 But I do not wish that the brief
26 presented by the C.S.U. be taken in any other
27 context, but that the committee, with a lot of
28 thought and a lot of hard work, from these students,
29 and these students do not necessarily represent
30 the group of the main student body, they are much

1 more biased, than this committee was, as indicated
2 in our survey.

3 Our recommendations^{were}/based on
4 everybody getting together and talking to local
5 people, going to (Dr. Flicker's) house, talking to
6 Dr. (Boddie).

7 We had an open meeting, a taped
8 party, we tried to get it into a recreational type
9 of thing, just to solicit this very type of thing,
10 to add to our brief, and it was over the air for
11 two days, and we had thirty people attending.

12 And one of them was from the
13 professions. No adults. We had a lot of students.
14 So where do you want us to draw from?

15 If you have anything to say, I
16 think you are invited to do it. You know, nobody
17 comes up. The only time they come up, is to yell
18 and scream about it in the press, in a very
19 irrational way, and this is not the way to solve
20 this problem.

21 THE PUBLIC: Excuse me, sir,
22 may I ask you and Miss Jorgensen, and Mr. Harris
23 one thing.

24 I didn't read your brief, but
25 in your brief, do you advise, and in your efforts
26 at the university, do you advise all these children
27 that the minute that they have anything to do with
28 drugs, they are breaking the law.

29 I am reducing it to the simplest
30 forms, the breaking of the law first.

1 THE PUBLIC: Yes. Definitely
2 the first, the real prerequisite when a person
3 has some curiosity, let's say a student first
4 year or fifth year, or whatever, has been around
5 people for a while, and he has been around people
6 who have been smoking pot, or whatever, taking
7 drugs, and he gets to the point of curiosity to
8 bear on impulse, and of course, availability is
9 the biggest factor in the survey, not availability
10 for breaking the law, but availability.

11 Definitely they were not to
12 recommend this, and the main reason is, and I would
13 still stand by this, and I would think many
14 professionals all over the country would understand
15 this. One main thing is that it is against the law,
16 and you will have a criminal record.

17 In fact, at the National
18 Institute of Health, the first time I have ever
19 seen it happen, at the National Institute of Mental
20 Health in Washington, D.C., has scripted a broad-
21 cast to be put over the air throughout the United
22 States, issuing certain pro and con statements by
23 certain people, parts good, parts bad, in different
24 ways, and then at the end of this they say, "The
25 National Institute of Mental Health feels none of
26 these statements have been corroborated yet, and
27 one thing we know about it is it is illegal, and
28 the penalties are severe, and think about what
29 you are doing before you do it." That is all
30 they have to say.

1 And I think this is the way
2 we feel, the way I feel.

3 MISS JORGENSEN: I would like
4 to comment on that, too.

5 I think it is an extremely
6 sad state of affairs, but the students at the
7 university, and I believe all across Canada,
8 they have no respect for the law in that particular
9 incidence.

10 They just don't care. The
11 fact that they are breaking the law on this
12 particular issue does not bother them any more.
13 It is the fact they might get busted, they might
14 get put in penitentiary, that's what they are
15 afraid of, and I think that this is sad.

16 THE PUBLIC: But does the
17 Council of Students' Union of the University work
18 towards this very hard? Obviously not, if so
19 many of your students are involved in taking
20 marijuana.

21 THE PUBLIC: Not that many
22 are.

23 THE PUBLIC: Again I would
24 like to clear up some misconceptions which are
25 prevelant in this city and in this province,
26 and not unaided by the press, that the drug
27 abuse is a student problem, and that it should
28 be done at the student level.

29 The drug abuse problem is
30 not confined to Memorial University.

1 THE PUBLIC: I am well aware
2 of that.

3 THE PUBLIC: I am sure Brother
4 Malloy will uphold that. It is not a university
5 problem, but we are concerned about the problem
6 related to the use of drugs. And I think one of
7 the big problems that has come up, is that the
8 respect for the law has gone down tremendously
9 for no other single reason, except for the use
10 of marijuana, because people who use marijuana,
11 and they see their friends, they see people that
12 they know, getting thrown in jail along the
13 course, because of smoking a cigarette, a cigarette
14 of marijuana.

15 And this seems the kind of
16 thing which is not -- they don't see this as
17 being a real problem, that someone, you know,
18 smokes a cigarette should be thrown in jail.

19 They don't see it as the
20 kind of thing someone should be thrown in jail for

21 If it is harmful they should
22 be helped, and not thrown in jail.

23 But this whole attitude of
24 the law, and society toward the use of marijuana
25 and this single factor, has brought down the
26 respect for the law in other factors, because
27 they don't respect the law, and if they are not
28 going to respect the law in one instance or
29 and not in the other instance---

30 THE PUBLIC: I think you have

1 great potential in this area, but personally I
2 don't feel that you are using your potential in
3 this particular area, that to begin with they
4 are breaking the law.

5 I think a great deal of emphasis
6 or perhaps too much emphasis is brought on the
7 fact that someone -- what they are doing when
8 they are breaking the law. You are a large
9 body, and as such I think you have great power,
10 and I think that's where your power should be
11 used.

12 THE PUBLIC: Last year, we
13 put out a pamphlet to the students, advising
14 on the law, as to marijuana, about the drugs,
15 and this was done to know about what the law
16 was, and also what their rights were.

17 THE PUBLIC: How many students
18 got your pamphlet?

19 THE PUBLIC: We made three
20 thousand pamphlets, and gave them out.

21 We have five thousand students.

22 THE PUBLIC: I see.

23 THE CHAIRMAN: This pamphlet
24 was made up because of the fact that there was
25 at the time, a large concern about the law on
26 marijuana, because people at the time were being
27 arrested.

28 And also I think, and I hope
29 these people who were mishandled by the legal
30 problem at the time, and the R.C.M.P. and the law

1 enforcement officers, may be making private
2 submissions to the Commission.

3 But at that time, the methods
4 used by the R.C.M.P. were not above reproach,
5 to say the least, and this is also one of the
6 other reasons why they put out the pamphlet,
7 to let the students know, and exactly what the
8 law was on marijuana, and what the penalties
9 were, and on what methods the police were
10 legally permitted to do, to use in enforcing
11 marijuana regulations.

12 And we found that these
13 regulations were not followed by the police in
14 their work concerning marijuana.

15 THE PUBLIC: Perhaps you
16 should start first, by teaching your students
17 the respect for the law.

18 THE PUBLIC: That is the
19 job of our educational system, to teach respect
20 for the law, if that is what you want.

21 We, as the Students' Union,
22 think that the law treats everybody fairly, and
23 we find if this is not happening, then we are
24 going to take pains to make sure that the people
25 do know exactly what their rights are, and this
26 is why you have several labour unions, and
27 this is why you have civil rights organizations.

28 THE CHAIRMAN: Excuse me,
29 Mrs. Kearney I am afraid I have neglected to
30 express the caution to the press photographers

1 here, that I have expressed elsewhere, and I
2 was caught by surprise, but everywhere we have
3 been we have asked the photographers not to take
4 pictures of members of the audience, or public,
5 as distinct from members making presentations
6 at the table. And I don't know what your personal
7 feelings are as having been photographed, but I
8 would ask, if you do not wish to be photographed
9 I would ask that photographer if he would not
10 make use of the picture.

11 The press have been very
12 co-operative across the country, and I am sure
13 he would have been, if I would have asked him.

14 THE PUBLIC: I have no
15 opinion, sir, but I just wish your wish would
16 be respected.

17 THE CHAIRMAN: As long as
18 your wishes are respected, that is my interest
19 today.

20 Would you prefer not
21 that that picture not be used?

22 THE PUBLIC: That is all
23 right sir.

24 THE CHAIRMAN: I apologize
25 to you for not having made that caution.

26 Excuse me. Yes?

27 THE PUBLIC: Chairman
28 LeDain, I am (Dr. Ray Fairley.)

29
30 -- I am not coming here to represent my profession,

1 nor am I a drug expert.

2 But one of the gentlemen here
3 mentioned the fact that one of the service
4 organizations has a drug alert, and I do
5 represent that particular drug committee, and
6 this particular organization.

7 We, ourselves, are groping
8 in the way in which we would want to disseminate
9 education, and information, on drug abuse, or
10 misuse, or the use of non-medical drugs, of
11 which we are speaking on today.

12 There are various magazines
13 and articles, and this sort of thing, and
14 unfortunately, like Rev. Isaac said, they are
15 biased in a certain way.

16 But information from this,
17 has to be obtained, and it has to be used
18 accordingly, depending upon the bias of the
19 reader, or the one disseminating the information.

20 Now our specific purpose with
21 this international project, is the dissemination
22 of education as to the proper aspect of drugs,
23 and their use and abuse; and non-medical use,
24 and we hope we will be able to give this as
25 a sort of information so everyone can use this
26 information, and this side, for himself, the
27 pitfalls, the advantages, or disadvantages of
28 such use.

29 That is why we haven't had
30 a program exactly yet, because we have the

1 education thing at the moment, and I find this
2 very educational.

3 THE PUBLIC: I wrote the Kiwanis
4 about -- and my feeling, as I expressed before, is
5 the peer group, education by the peer group to
6 another peer group, is of the utmost importance.

7 And I don't know whether I am
8 in agreement here, but I seem to think, and it has
9 been shown in other instances, not just drugs,
10 that young people learn from ^{young} people, or at
11 least they intend to accept more.

12 If it's biased, they tend to
13 accept more. I wrote to the Kiwanis, and he talked
14 to unintelligible , and I wrote a letter
15 and offered my services, and the services of my wife.

16 My wife is a professional in the
17 sciences. I offered my own as being very much
18 involved in both sides of the drug scene, and I
19 received one letter, a month later, from the St. John's
20 Kiwanis Club, saying, "Well, you know, we really
21 haven't decided what to do."

22 Well, I might say, and to have
23 the opportunity now, I took these letters and I was
24 a little discouraged by them.

25 One letter, pardon me, the other
26 never -- in other words, I just offered our services.
27 Now I believe if you are going to have someone
28 talk to the Kiwanis, to develop a program, then
29 you should have a few other programs put forward
30 to the Kiwanis.

1 THE PUBLIC: I think I got
2 your letter the first part of January.

3 The committee has just been
4 organized. We are meeting in a couple of weeks,
5 and then we will go on from there.

6 We would be using your service
7 for whatever purpose it would be necessary in our
8 program.

9 THE PUBLIC: I just wanted to
10 emphasize to the Kiwanis, if nothing else, that it
11 is very important, when you are speaking to the
12 Kiwanis on how to go about the program, to have
13 peer groups talk to peer groups.

14 THE PUBLIC: It is our belief
15 right here, that we cannot say anything, or we
16 wouldn't want to cram down information on anybody.

17 We feel everybody in this
18 program, it should be a full participation or both
19 sides.

20 MR. STEIN: Could I raise a
21 question on this.

22 As a former "Ki" Club member,
23 which is going back a long way; that by the way
24 is the class youth organization of Kiwanis.

25 Are there such youth groups
26 here in Newfoundland?

27 THE PUBLIC: Yes, we have Ki's
28 Clubs and K Circle here. I think the K Circle,
29 Triple K is the university, which has been inactive
30 in the past year.

1 We have inactivity a Ki
2 Club, which is the high school organization.

3 MR. STEIN: The reason I raised
4 it, was appropo of the comments made to you, and I
5 was wondering if one source of information or
6 input to the Kiwanis, might be from the high school
7 organization?

8
9 right In Vancouver I notice about two
10 weeks ago, public notices came out that the Kiwanis
11 were going to be doing this project internationally,
12 and across the country, and there was some effort
13 there being made to make a reading on the abuse
14 of their high school affiliated member groups, as
15 to what might be a focus, as one of the places to get
16 some

17
18 THE PUBLIC: Certainly we believe
19 the youth groups in our club are very important
20 in this type of an educational program, particularly
21 in reaching the younger age group, but we are a
22 little bit older, and as you know, we tended to
23 talk down to the younger people, and this is one
24 of the pitfalls we must avoid.

25 Although we do have, in our
26 educational program, we try to reach both the
27 young and the old, because like they said, we feel
28 the the problem is not only in the non-medical use
29 of drugs, but also in the abuse of the medical
30 drugs themselves.

1 And this is what our program
2 is like.

3 MR. CAMPBELL: In this type
4 of area, it has become very clear to us that
5 scientific information can only take you so far,
6 that ultimately individuals will make choices
7 about the use of various drugs, and the value
8 scheme will reflect, in particular, orientation
9 to life, reflect their needs and desires.

10 A case was made to us, at
11 the hearings yesterday, that in a drug education
12 program it is desirable not only to present the
13 very hard side scientific information, but also
14 the various prospectives of the potential gains
15 or losses, notably from the psychedelic experience.

16 And the person making this
17 position argued that there was a responsibility to
18 make young people aware of the potential gains
19 to themselves, of a psychedelic experience.

20 I was wondering, would you
21 agree with that proposition?

22 THE PUBLIC: To a certain
23 extent, yes, Dean Campbell.

24 I feel that the individual
25 and the personality is an important thing.

26 I mean, a lot of the factors
27 that do evolve from the use of drugs, whether
28 they be medical drugs, or non-medical drugs, or
29 the hallucinogen drugs, or hallucinatory drugs,
30 they stem from personality.

1 And there are some people who
2 will grab toward taking drugs, or even substances
3 that will maybe raise their status in their
4 own minds.

5 And a lot -- this is where a
6 lot of this drug use comes into focus. And we
7 agree with this premise, that the personality
8 is one of the most important things in whatever
9 foreign material is taken, whether it be smoking,
10 whether it be drinking, or whether it be drugs.

11 THE CHAIRMAN: I think the
12 proposition was, that if you were serious about
13 drug education, we must be prepared to tell the
14 good, as well as the bad, put in simple terms.

15 I think this was the proposition.
16 And the person who made it, tried to get some
17 response from the people who were present, as to
18 whether in fact they would be in favour, assuming
19 some good things can be said about some of the
20 drugs, would they be in favour of having those
21 things stated, as well as the negative aspects
22 could be established, as a matter of fact.

23 THE PUBLIC: This is a
24 very difficult position to take, Dean LeDain, for
25 the simple reason that we, as a society,
26 do emphasize the good side of life, and anything
27 that is bad we shy away from. Although to be very,
28 very fair, and ethical to everybody, that both
29 sides should be heard, is a very difficult thing
30 to accomplish.

1 And whether my feelings in that
2 direction are the same as Mr. Shaw's, it is very
3 difficult to say in a big organization, to come down
4 to brass tacks, and say, "Let's do this."

5 There are always dissenters
6 against this sort of thing, and this is where the
7 problem lies, in trying to disseminate information
8 that would be fair to both sides.

9 THE CHAIRMAN: Yes, I think
10 that what one of the things we have to be concerned
11 about is, this whole question of drug education.
12 And we have repeatedly heard about the necessity
13 of reliable information, and have had repeated
14 appeals for the development of this information
15 and dissemination of it, as soon as possible.

16 So that one has to take a
17 position on the basic issue of principle.

18 Are we going to commit ourselves
19 to as truthful and complete comprehensive drug
20 education as possible? We are emphasizing it in
21 the appeals.

22 Are we on principal in our
23 appeals, prepared to commit ourselves to this?

24 We have heard other suggestions,
25 not very often, but enough to suggest it may have
26 a good deal of solid support, and that is the
27 concern about the effects of such drug education
28 on possibly the development of curiosity,
29 enticement.

30 And this is the kind of very

1 difficult matter of principle that we, as
2 Canadians, have to make up our minds about, together.

3 And we can't help asking our-
4 selves, as we go around and hear the repeated
5 insistence on drug education, just how much, let
6 us put it this way, commitment or realization there
7 is behind this appeal.

8 Because no one has suggested
9 really, that the drug education be anything but
10 as truthful, and as complete and comprehensive,
11 as possible.

12 I have never heard anyone
13 suggest the contrary. That's why I put the question
14 to you now, ^{not} /particularly to put the view on the
15 spot, but just to indicate what it is we have
16 heard.

17 THE PUBLIC: that is why we are
18 very careful about it, because we want to be sure
19 that we are on the right track, and that we
20 disseminate the right information, and the right
21 reaction.

22 MR. CAMPBELL: Just let me
23 probe a little further.

24 The drug experience is a
25 highly subjective experience.

26 THE PUBLIC: Yes.

27 MR. CAMPBELL: A great many
28 people that I have spoken to, have told me that
29 their lives have been enriched; they have gained
30 new insights in themselves; and to existence and

1 to God as a result of cannabis use, or as a result
2 of LSD.

3 This is a statement of an
4 individual's feeling. -Other individuals I have
5 met said they have gained no insights, they have
6 suffered harmful consequences.

7 But both of these are pieces
8 of information that are subjective, and the subjective
9 element is extremely important.

10 Now if we are talking about
11 providing accurate information in drug education,
12 is it your opinion that the educational program
13 should take place for the statements of those that
14 have used these drugs, and found they have enriched
15 their lives, or added to their insights? Is this
16 part of that body of information that we should
17 make available?

18 THE PUBLIC: This is a personal
19 opinion now, sir.

20 MR. CAMPBELL: Yes, of course.

21 THE PUBLIC: Certainly, of
22 course. I think everyone should know everything
23 about it.

24 Let's take smoking now. That
25 is my thing.

26 Certainly there is no doubt
27 about it, it is harmful to a lot of
28 individuals, more than you would care to say.

29 Yes, to some individuals it is
30 less harmful than taking aspirin. Now, we don't

1 know who these people are who can be, who will have
2 an increased effect from nicotine or tobacco.
3 And for that reason, we discourage the general use
4 of it, for the simple reason that too many of the
5 diseases they have right now/ ^{that} are too significant
6 are caused by this simple act of smoking.

7 And if it were not for that
8 simple act, these people would not have been
9 affected.

10 Now this is the basis on which
11 we operate when we say we try to educate people
12 about smoking.

13 And I think that the same goes
14 with something else that might introduce an injurious
15 effect on the individual, whether it be physical,
16 or psychological, the dangers that are involved
17 as are supported as the actual fact or cause, or
18 the actual result.

19 MR. STEIN: There is one thing
20 you might be aware of, but when this announcement
21 came in Vancouver, about two weeks ago, this is
22 my hometown, there was a reaction in the community
23 from certain quarters, that the attempt to focus
24 attention on this phenomenon was a form of irrespons-
25 ibility in that it was going to make more attractive
26 the whole question of drug use, at various levels
27 of ages, and especially young people.

28 I don't know whether this is
29 a reaction you are getting here or not.

30 I would be interested. Because

1 there has been, along with the request for more
2 information, a real
3 ambivalence in the community, at least some of
4 the communities we have been in, and there has
5 been a concern that more information ^{can} be dangerous,
6 kind of enticing people being involved in something
7 they weren't aware of.

8 Have you had any feedback of
9 that kind?

10 THE PUBLIC: Not to my
11 knowledge at the moment, no.

12 But these are very distinct
13 possibilities.

14 MR. STEIN: How would you
15 handle it, if you did?

16 THE PUBLIC: I really don't
17 know.

18 We really have to feel ourselves
19 and communities as a whole may have certain feelings
20 in this matter, and you have to go along with the
21 general trend, I think.

22 Like, we are a little more
23 isolated in this part of the country, than you
24 are. We don't have the same influences that you
25 get.

26 Or if we have, they are on a
27 much smaller scale. So we actually haven't had
28 that problem.

29 THE CHAIRMAN: Thank you, doctor.
30 I think we should call on Mr. McCurdy

1 THE PUBLIC: We are representing
2 the Newfoundland Teachers' Association.

3 THE CHAIRMAN: That is right,
4 and I think I should call upon you now, (Mr.
5 McCurdy).

6
7 THE PUBLIC: , Since we are
8 at the end of our submission, I would like to
9 say a few words for the benefit of the press.

10 What we have said here today,
11 and what is contained in the brief, represents
12 two sides of our view.

13 What we have said here, are
14 comments and attitudes, in the particular
15 incidents which came up in our discussions here
16 this morning.

17 However, I would like the
18 press to read our brief, before they make their
19 main reports to the public, since we do not
20 wish to have ---

21 THE CHAIRMAN: Yes, that is
22 very fair, because you have taken a great deal
23 of trouble with this brief.

24 We haven't had an opportunity
25 to read it carefully, but I assure you we will.

26 But it looks as if you have
27 put a lot of thought into preparing it, and I
28 want to thank you for your contribution.

29 THE PUBLIC: I don't wish
30 the press to make a report based on the statements

1 we made today, but rather on the brief itself.

2 Thank you very much.

3 THE CHAIRMAN: Thank you.

4 Mr. Shaw, if you would like
5 to come back this afternoon, around four, shortly
6 after four, we would be able to hear you.

7 MR. SHEPPARD: Glen Sheppard,
8 Mr. Chairman.

9 I introduce my colleagues,
10 who are with me, Mrs. Phyllis Hannan,
11 on my left. Phyllis is an elementary school
12 counsellor in the city.

13 THE CHAIRMAN: I didn't quite
14 get the names.

15 MR. SHEPPARD: Hyman.

16 On my right, Mr. Bruce
17 (Manuel?) Bruce is a high school counsellor in
18 the city.

19 We are representing the
20 Newfoundland Teachers' Association.

21 Mr. McCurdy is actually the
22 secretary. I don't see him around this morning

23
24 He asked us, some time ago,
25 to present a brief, and at which time our response
26 ^{that} was/about the only thing we could present is our
27 own anxieties and our ignorance in this area.

28 We certainly don't feel very
29 knowledgeable, but essentially, we worked so
30 closely with youth we felt an obligation to come

1 and talk about some of our own experiences, and
2 to talk rather subjectively about the way we
3 feel about this whole question of the non-medical
4 use of drugs.

5 I work in a high school. I
6 came back to the city three years ago, after two
7 or three (inaudible) and it wasn't until
8 after the first few months that I found students
9 that had been involved with the use of drugs.

10 With this experience, plus
11 others, I found that this sort of abuse of drugs
12 is on the increase.

13 We were a bit ambivalent about
14 talking in public on this, and I guess this is
15 probably indicative about the ambivalence that
16 exists in society at large, whether or not we
17 can easily be identified in a city of this size
18 with the particular schools we work in.

19 And as counsellors, as you
20 know, confidence and trust in these sort of
21 relationships are about the most important thing

22 We were debating to the last
23 moment, whether we talk in any detail about the
24 types of students we see, and so on, what this
25 would do to our position as counsellors, in the
26 eyes of the students, and also whether we create
27 unnecessary anxiety on the part of the parents who
28 have children going to these respective schools

29 We decided that this is an
30 ambivalence that a lot of us are going to live
31

1 with, and work out, and that going into a private
2 conference may suggest that there are more
3 sinister things happening than there really are.

4 I have not had any students,
5 come to me, specifically about drugs, as such,
6 come in and say, "I want to see you", and once
7 they get in my office and they chat with me, to
8 say, "The reason why I am here is I have a
9 problem with marijuana", or LSD.

10 I have seen students, not a
11 great many, but I think probably the
12 many students have smoked marijuana, and many
13 of them don't think it is a problem I have
14 talked to many students casually, and from casual
15 conversation, I conclude that they have smoked
16 marijuana, and they don't feel it is a problem,
17 they don't come in to see me in my capacity as
18 a counsellor.

19 I have spoken to
20 / other students who have taken
21 LSD and the whole gamut of drugs. For me, it
22 has grown out of a relationship with them because
23 I have been seeing them as a counsellor, because
24 they have been having personal difficulties, and
25 difficulties in their personal relationships,
26 difficulties in their families, and this sort of
27 thing, and out of this I have learned that drugs
28 seem to be part of their experience.

29 Another phenomena which I think
30 may indicate that drug use of this sort would
be on the increase in this city, there seem to

1 be certain things happening, sociologically.

2 There is more of an integration
3 of high schools or university students in the
4 city. I am not suggesting that this is a bad
5 influence, but there seems to be a fair number
6 of students in our high schools who identify
7 what they are called, who graduated last year,
8 and at a small university of this size this is
9 understandable.

10 They socialize, and this
11 sort of thing. There seemed to be, for a long
12 time, students who came into the university,
13 lived in boarding houses, which ^{is} / sort of a
14 surrogate home, in a way. Now there is an increase
15 in the independence of these students.

16 We see in the students an
17 increase in apartment dwelling. It is very
18 common now, for students to come into the city,
19 either alone or with fellow students, to rent
20 apartments, and this of course has been happening
21 in other cities across North America. But it is
22 a relatively new development in Newfoundland, and
23 I think with these sorts of things happening,
24 there is no doubt in our mind that we are confronted
25 now, and will continue to be confronted, with the
26 same sorts of problems that people in Toronto or
27 Montreal, or any other city in Canada, will be
28 confronted with.

29 I don't know whether one of
30 my colleagues would like to comment at this point.

1 As I say, we don't have a prepared brief to make.

2 We would like to interact
3 with you. Have you some questions to ask us?

4 THE CHAIRMAN: Dean Campbell?

5 MR. CAMPBELL: Mr. Sheppard,
6 I realize you are going to have these answers
7 to your questions impressionistically, but could
8 you tell us something about how you see the
9 development of drug use in your schools, which
10 has been a pattern, for instance, of a sequential
11 development from grass to hash to acid, or were
12 these drugs present at roughly the same time as
13 an onset point?

14 Have you been aware, in talking
15 with students, of any changing patterns of
16 motivation for instance?

17 Could you tell us of some of
18 your impressions in these two areas?

19 MR. SHEPPARD: I don't think
20 I could say there was an impression from, let's
21 say, a student taking marijuana, and you have to
22 remember I have seen very few of these students,
23 but I am not intending to minimize the problem.

24 In terms of numbers, it is
25 very small. But I have not seen a progression
26 from a group regularly taking marijuana, and
27 suddenly a month later, or two months later,
28 saying, "Listen, I am on LSD and I have just
29 had a bad trip, and I am scared and I am in
30 trouble."

1 Not this sort of thing at
2 all. But my impression is, that more and more
3 students have been exposed to marijuana, they
4 have been exposed with their peer group to
5 situations where marijuana is available, and
6 more and more of them are having to make
7 individual decisions about whether to experiment
8 with marijuana, or not, or having experimented
9 with it, to continue to smoke pot.

10 And this is the increase that
11 I have seen. There has been a few incidents of
12 students who have been sniffing some solvents,
13 glue, nailpolish remover, and this sort of
14 thing, but again a very small number.

15 There has been one instance
16 which is a little more disturbing. Maybe we
17 can not put a value on it, but I know of three
18 or four eleven-year old boys. One boy that I
19 know was in school, the other boys are not in
20 the school where I work, who experimented with
21 glue sniffing.

22 These things are new to me
23 in my experience as a counsellor, as I say. This
24 is my first year that I have been involved with
25 students as a counsellor, who have had these
26 sort of experiences, and this seems to be the
27 sequence that is happening now.

28 The sequence that is happening
29 now, as far as information about drugs, and the
30 education of students regarding drugs, I am as

1 ignorant here -- I am certainly not as knowledge-
2 able as the students from the university that
3 just presented a brief, and this is one of the
4 difficulties, I think.

5 This business of drug abuse
6 still adds to some of our irrational responses
7 and some of the emotionality surrounding this
8 issue.

9 And also I think it makes it
10 more difficult for the generations to communicate
11 and this is just another variable. Because most
12 adults have not been exposed to social
13 situations, where other adults have been experiencing
14 the effects of drugs, whereas more and more
15 students are.

16 This creates a difference too,
17 in terms of that sort of knowledge, and that
18 sort of experience.

19 I think it is probably true,
20 that most -- as the young lady or the university
21 panel mentioned, that young people do expect,
22 do have very exacting standards for the adult
23 generation, and of course, they are standards
24 that adults are not going to be able to measure
25 up to in the most cases.

26 But students are very sensitive
27 to people who come in, and simply lecture to them,
28 in a very negativistic way, and I think that if
29 we are going to be candid about this business
30 of drug education, we as adults are going to

1 have to talk about the subjective feelings of
2 other people who have experienced drugs.

3 As you mentioned in your
4 question about drugs a few moments ago, because
5 they are going to get it anyway, because they do
6 get it on the news media, they do meet these
7 people in their own social contacts, and they
8 get this anyway, and it is simply being phony for
9 us as adults to ignore this, and we interact with
10 them, and discuss the business of drug abuse.

11 MR. CAMPBELL: Of the students
12 who have spoken to you about their marijuana
13 experiences, have there been any views that have
14 come through, in terms of the motivational pattern
15 that was present, or particular things of response
16 that stay in your memory?

17 MR. SHEPPARD : Yes, but I
18 think, and you have probably heard most of this
19 before, but there are some things.

20 One is of course, the hypocrisy
21 and the things that are at present in the adult
22 society, and this comes to me from students, not
23 just students who are experimenting with drugs.

24 You know, that the ruling
25 generation are "turning on" with their alcohol,
26 and this seems to be socially acceptable, that
27 people are smoking, although the evidence seems
28 to be conclusive, certainly much more conclusive
29 than the evidence about marijuana, that it is
30 damaging, and these are the sorts of arguments.

1 Some people may call them
2 rationalizations. I suppose it depends on whether
3 you believe they are well founded in reality,
4 or whether they are excuses for one's behavior
5 as to what type you put on them.

6 These things do come through.
7 Some of the students that I have talked to
8 smoking marijuana, say, well, there is really no
9 problem, and I don't propose, as a counsellor, to
10 function in a way which would suggest to students,
11 "Listen, you just don't know what you are talking
12 about, you are needing help and I am just the guy
13 who can help you."

14 As a counsellor it is probably
15 pretty impossible to function in that type
16 of role.

17 Some students also mentioned
18 the business about, you know, "Mom and dad are
19 taking tranquilizers, although it is a legitimate
20 medical use", and I think this is something that
21 whether we like it or not, we are going to have
22 to contend with, we are going to have to find a
23 more adequate response.

24 I was reading the Canadian Mental
25 Health magazine which came out about two months
26 ago, in which they quote a study by the World
27 Health Organization, and they say that in the
28 United States the amount of barbiturates and
29 amphetamines available would amount to, I think
30 it was 250 milligrams per person, and would

1 average out to about twenty-five to fifty
2 dosages per person in the United States, and I
3 think we would have to respond more adequately
4 to these sorts of predices that the young
5 people make of our adult society.

6 But these are the things that
7 I am getting, interact with students, and talk
8 about the business of the taking of drugs.

9 THE CHAIRMAN: What do you
10 feel, is the role of a teacher, possibly the
11 role of teachers in drug education?

12 Do you think the teachers
13 can make effective contribution, or are there
14 any problems that you see in drug education in
15 the educational system? Have you formed any
16 opinions how it is best conducted?

17 THE PUBLIC: Well, one thing
18 for certain, is that all students are wondering
19 about drugs.

20 They would like to find out
21 about the truth. There are quite a few old wives
22 tales going around, and myths, and hat fools and
23 so on.

24 And while I haven't talked
25 to any students who tried drugs, I have talked
26 to quite a few students who are wondering about
27 drugs.

28 They have misconceptions, and
29 so on. And here I think the role of a teacher
30 is a very important one, to educate students,

1 you know, exactly what is involved in taking
2 drugs, the good and you know, the bad points of
3 it.

4 MRS. HYMAN: Even before that,
5 there is the problem of the teacher knowing
6 just exactly what to say, teacher education as
7 far as drugs go. And as far as I know there is
8 absolutely nothing available to say this is the
9 way it is, and suggestions as to what you could
10 possibly tell your classes.

11 Then also, the teacher
12 represents an authoritarian figure, so here
13 you are, getting the word again.

14 And those two things, I think,
15 are very important.

16 And then it would come back
17 to the counsellor. And yet because counsellors
18 -- counselling is changing so, we are perhaps
19 in a good position to do this, but we are still
20 part of the school system, and well, elementary
21 school counselling is very, very new.

22 I am the only one in the
23 whole Province, and this is the state of things
24 generally in North America.

25 And children are still at
26 the state of figuring out just what kind of a
27 person I am, how authoritative am I, and if
28 they talk to me, what will be the results.

29 Am I going to run off and
30 phone their mother, or tell the principal, or

1 tell their teacher? And is it going to have a
2 bad effect?

3 MR. STEIN: What do you mean,
4 what is meant by your statement that there is
5 no information available?

6 Do you mean there is no
7 information provided in the training programs
8 for teachers, or do you feel there is no drug
9 information available anywhere?

10 MRS. HYMAN: As far as I
11 am aware, there has been no information given
12 at schools to teachers. As for teacher training
13 institutions, I am not very well qualified to
14 talk about that, but in my experience there is
15 nothing available.

16 MR. STEIN: Could I ask one
17 other question?

18 I take it you are all counsellors,
19 is that right?

20 MRS. HYMAN: Yes.

21 MR. STEIN: Have you had any
22 experiences with the older youngsters that you
23 may be dealing with, that indicate a reluctance
24 on their part to talk to you, because of the
25 present legal situation?

26 In other words, in some cases
27 it has been brought to our attention that
28 counselling is an almost impossible task in high
29 schools, because though the problem may not
30 be drug use, the fact that the youngster is

1 involved in drugs, and that he may inadvertently
2 mention this, is a cause for alarm for him, and
3 he may feel that he can't reveal this because
4 of the point that you made, possibly the report
5 to the police?

6 Has any of this been a factor
7 in your estimation here?

8 MR. SHEPPARD : Again,
9 from my very limited experience, this has
10 certainly been a real factor, and students have
11 verbalized this to me.

12 A few students feel they are
13 being watched very closely by the police. There
14 is no doubt that they end up in places where drug
15 use has been taking place.

16 And this is -- I would like
17 to extend this response just a little. I don't
18 want to get into the business here, of criticizing
19 the police too much", I know they have their
20 responsibility to carry out.

21 But I do think that the police
22 as another group along with counsellors, and
23 teachers and psychiatrists, and medical people,
24 who need to get involved and educate themselves
25 a little more about this phenomenon. If I may
26 mention an experience from what I have read,
27 and what one particular student was telling me

28 He was telling me when he
29 was experiencing the effects of one particular
30 drug, the response of other people to him seemed

1 to be exaggerated. That is, if someone
2 responded very affectionately, it tended to be
3 exaggerated, so his behavior seemed to be
4 slightly inappropriate to people who were not
5 themselves experiencing this effect.

6 But the reverse is also
7 if
true, that/people are slightly antagonistic
8 towards him, they
appeared to be more antagonistic.

9 And I think this can easily
10 happen when police are apprehending people, they
11 feel they are in possession of drugs, or
12 trafficking of drugs, and they feel there is
13 sometimes an unnecessary antagonism, And unless
14 these people do educate themselves to this sort
15 of phenomena, I think this will just increase
16 unnecessarily the antagonism between the police
17 and young people, and this seems to me to be
18 a trend that needs to be reversed, rather
19 than increased.

20 Some students have asked
21 if
me quite pointedly, whether/they talk to me
22 about taking drugs, whether or not I could keep
23 I
this confidential and/do tell them that there
24 is one instance in which I could not. I wouldn't
25 necessarily call up parents, but I could be
26 subpoenaed into court, and counsellors do not
27 have any right to privileged communication,
28 and I tell them, that in this instance I may
29 be required to testify should this happen, and
30 point out that this is probably remote.

1 But in all candidness, I
2 feel obliged to do this. I don't know, there
3 has never been a case of a counsellor appearing
4 in a Newfoundland court, I don't think. Because
5 there have been a few cases in North
6 America, not involving drug use,
7 I think suicide, where it came out that this
8 person had been expressing ideas of self-
9 destruction to the counsellor, and, you know,
10 the obvious question was, "Why did the
11 counsellor not report this?" and his response
12 was, "Well in my professional judgment, I would
13 be most helpful to this client, if I didn't at
14 this point."

15 in
16 And these instances in the
17 court, they decide in favour of the counsellor.
18 I feel myself, if I had this experience, I
19 would probably push the case for a precedent
20 in the Newfoundland courts, to see whether or
21 not I could also get a decision in my favour.

22 But there are certainly
23 real problems. This is one issue, more than
24 any other, that I found students reluctant to
25 be open about.

26 They do feel they may be
27 in a social situation, where they may not be
28 taking drugs themselves, but some other people
29 may, and the police may arrest, and the trial
30 does not take place on the spot, and although
they may protest they will be taken along with

1 the others, and this will cause embarrassment
2 for them and for their parents.

3 THE CHAIRMAN: Dr. Lehmann?

4 DR. LEHMANN: I wonder
5 you all have referred to the absence of any
6 good material on what, and how to teach about
7 drugs.

8 And I am a little surprised
9 at this, because there is so much written and
10 so much authoritative authentic information
11 available now.

12 Would you mean that it isn't
13 available in the form of a manual, because it
14 really isn't so very difficult today to get
15 a bibliography or what is put together in this
16 envelope here, by the students, is already
17 quite representative, and the
18 information is really not difficult to come
19 by.

20 Now what I am wondering is,
21 whether you mean ---

22 MR. SHEPPARD : Pardon
23 me for interrupting for the moment.

24 I have a fair amount of
25 material for my own use, and for use in the
26 school.

27 I think Phyllis was
28 responding about the elementary school. I
29 know that Dr. Paul Anderson/and some of his colleagues
30 have been visiting the high school interacting

1 with the students, and he has not arrived at
2 my school.

3 I hope in the near future they
4 will come. So there is this sort of material.
5 I don't think we should aim simply for cold, in-
6 effective scientific statements about this.

7 DR. LEHMANN: If I may complete
8 my question, I am just coming to it: so the
9 premise being there is a good deal of factual
10 material easily available, my question then is,
11 would you then expect to have some sort of a
12 manual put out with regard to the attitudes you
13 should teach, or would you as counsellors and
14 teachers, expect to always retain a certain personal
15 style about the way you present the information
16 and to the attitude that you will convey, according
17 to your integrity and the general principle of
18 good teaching?

19 Or do you envisage some sort
20 of a general indoctrination program, as I say,
21 like a manual that will tell you, well now this
22 is what you should tell people, or children in
23 third year, and that is what you tell them in sixth
24 grade, and so on, as regards attitude and general
25 style?

26 MR. SHEPPARD : Well, yes, I
27 think we need this sort of resource material. As
28 to whether it should be a consistent thing, so
29 everyone is dealing with the same material, I don't
30 really feel that way.

1 I think that one still has to
2 maintain his own style about dealing with students,
3 and the way in which he gets students involved
4 about discussions in this matter.

5 It has to be backed up, I think,
6 by reliable material, and maybe even biased
7 materials, as long as the individual^{who}/is dealing
8 with the students is willing to present both sides
9 of the bias, because one could be biased, as you
10 know, in two directions, and we often tend to
11 forget this. But manuals may be important, so
12 that every teacher is speaking to the same manual,
13 and referring to the same sort of attitudes, because
14 I don't think there is a need for this sort of
15 consistency indoctrination.

16 DR. LEHMANN: You do not think
17 in some terms of a cook book approach to this
18 teaching then?

19 It is more of a type of free
20 interaction.

21 THE CHAIRMAN: I think we
22 must adjourn our hearing now, as we are expected
23 at 12:30 at Memorial University.

24 We will meet in the Education
25 Building. And we plan to reconvene here at 2 P.M.

26 THE PUBLIC: Excuse me, sir,
27 could I ask this gentleman one question please?
28 Mr. Sheppard, as a counsellor you say Prince of
29 Wales High School, or Prince of Wales Collegiate.

30 MR. SHEPPARD: Right.

1 THE PUBLIC: Do you think
2 of environment, the children who have problems,
3 and I am thinking mostly of the children who have
4 the drug problem, are you thinking mostly of the
5 children who have the drug problem, do you think
6 those of them who are more prone to a drug prob-
7 lem are children who come from, perhaps, an
8 unstable home, or an unhappy environment?

9 Are these children more prone
10 -- severe to these drugs, than the children who
11 come from a happy environment?

12 Children who come home at 4
13 o'clock and are content, and remain in their own
14 home.

15 Do you think this is any factor
16 on the children that veer toward drugs.

17 MR. SHEPPARD : It's
18 very difficult to say.

19 My sample has been very small,
20 and very selective in a sense, because the students
21 who come to me on a voluntary basis, it is a
22 selection process in itself, so that you know, I
23 may tend to see students who have personal problems,
24 and I would postulate that the students who don't
25 come to me, may have fewer, although there are
26 a lot of students in the province.

27 It is very difficult, because
28 it is certainly not -- it wouldn't be sort of a
29 scientific balanced statement, because I have
30 seen some students and they happened to be taking

1 drugs, and they also happen to have personal
2 problems, that you reach a sort of conclusion
3 that your question suggests.

4 I do feel that there is
5 enough of a problem, from what I know in my own
6 experience, and talking to my colleagues and
7 some psychiatrists Dr. Boddie is going to testify
8 later this afternoon, I believe, that there may
9 be a need at the moment for a clinic to deal
10 specifically with the drug user, and this clinic
11 could be staffed by people who are a little more
12 knowledgeable than myself about this matter.

13 THE PUBLIC: The environment
14 matter.

15 MR. SHEPPARD : Well, about
16 the matter of getting the student who seem to have
17 -- be hung up on drugs for the need of help.

18 But you know, this is a
19 conclusion that I haven't reached yet, that the
20 people with personal problems in happy environments
21 can take drugs for the reasons I mentioned.

22 THE PUBLIC: Thank you.

23 THE PUBLIC: Our research shows
24 quite the opposite, in fact, that in the people we
25 surveyed of the drug users, seventy-six percent
26 said they had a much better ratio, that had a good
27 relation with their parents, their parents were
28 understanding. And only fifty-two, or fifty-four
29 percent said they did not have a good relation
30 with their parents, and this is very significant

1 difference in the attitude of the students towards
2 their parents, that the users had a better relation-
3 ship with their parents than the non-user, and
4 this is the significant difference.

5 THE CHAIRMAN: Thank you. We
6 will adjourn now.

7 ... Upon adjourning at 12:15 p.m
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1 --- Upon resuming at 2:25 P.M.

2 THE CHAIRMAN: I apologize for
3 having kept you waiting, and I appreciate your
4 being patient.

5 I call now upon Dr. Charles
6 Preston, Student Counselling Department, Memorial
7 University.

8 Is Dr. Preston here?

9 Dr. Preston?

10 I call then upon Dr. Charles
11 Boddie, Director of Student Health Services, at
12 Memorial University.

13 Is Dr. Boddie present?

14 THE PUBLIC: They are in the
15 lobby.

16 THE PUBLIC: Mr. Chairman, if
17 I may while we are waiting?

18 THE CHAIRMAN: Yes, would you
19 like to be seated at the table?

20 THE PUBLIC: I am not going
21 to take that long. My name is Thomas Furlong, I
22 am with the Canadian Mental Health Association in
23 Newfoundland.

24 The purpose of my presence is
25 to let the Commission know, that we in the Newfound-
26 land part of the Association, are in full support
27 of our national office in its recent presentation
28 to your people, which was a notice of intent.

29 It has been said that everything
30

1 has already been said, but since nobody is
2 listening, it has to be said again, so I guess
3 we will have to stay for the rest of the day,
4 and say it all over again.

5 I would remind you, and anyone
6 else, who wants to make a speech that there are
7 very few experts left. The last man who knew
8 everything was Thomas Young. He was an English
9 physician, and hepatologist, and he
10 died in 1829.

11 Thank you, sir.

12 THE CHAIRMAN: Dr. Boddie?

13 DR. BODDIE: Thank you, Mr.
14 Chairman.

15 I am the Director of Student
16 Health Services, at Memorial University.

17 Perhaps in respect of what
18 I have to say -this was a verbal submission, Mr.
19 Chairman, I could give you further -- some
20 further information, with respect to myself.

21 I have resided and practised
22 in this community since 1954. I am in the
23 private practice of psychiatry, as a main part
24 of my professional life, and my position as
25 Director of Student Health Services is a part-
26 time position, and I^{have} provided a part-time help
27 to permanent physicians since the initiation of
28 the service.

29 For a period of time, I
30 practiced exclusively with children. My practice

1 is somewhat broader with children, adolescents
2 and could be construed basically as family
3 psychiatry.

4 This has added to my formal
5 counselling role with the school councils, who
6 have appeared before you this morning, to meet
7 on a weekly basis, and as a result of this contact
8 I think I have^a/fairly accurate impressions of
9 the situation in Newfoundland at the present time.

10 I should say, that first it is
11 only within the past two years, I feel, that the
12 question of drug usage has come before professionals
13 at all.

14 Some three years ago there was
15 a small episode of solvent use in a particular
16 area and time. However this was a transitory
17 episode, and very little has occurred with drugs
18 or solvents in the years up until about two years
19 ago.

20 It is my impression that within
21 the last twelve month period, there may have been
22 a substantial increase, both in the availability
23 of drugs, and in the use of drugs.

24 It is my further impression,
25 that the choice of drugs seems to vary from time
26 to time, and is dependent much on the availability
27 at the time, upon the choice of the individual.

28 I have the further impression
29 in St. John's, I cannot really give any further
30 impressions with respect to areas out of town,

1 except to say that perhaps Cornerbrook is in
2 somewhat the same situation.

3 It is my impression that
4 we have in our community essentially the same
5 range of drugs, as is available to those wishing
6 to use them in the larger Canadian cities, and
7 this does include, I believe, some heroin.

8 It is a further impression
9 that we probably have a similar distribution of
10 users, as in other places, as I understand it from
11 the reading of the literature.

12 That is, we have a group of
13 relatively infrequent experimenters, some casual
14 moderately regular users, others who use drugs,
15 more heavily and on a regular basis, and a smaller
16 number of what has been referred to as promiscuous
17 users, and I will have some comments on these
18 later.

19 I have the additional impression
20 that there has been a downward age extension in
21 the use of drugs, with more evidence of uninformed
22 and indiscriminate use of drugs, in the member
23 age groups.

24 I deal with the older individual
25 he
26 users. Using drugs/tends to know a great deal
27 more about the substances which are available to
28 him, or her, and perhaps tends to use them with
29 greater discretion.

30 I cannot say, of course,
whether there is any relationship between

1 these two types of groups, but I can say, as far
2 as the children who use solvents that I have seen,
3 and the promiscuous user of drugs, some of whom
4 I have seen, that it is my impression that
5 individuals in both these groups do tend to have
6 rather major personality, social or family
7 difficulties, and that is with respect to these
8 two smaller groups.

9 I conclude from some of these
10 impressions, that in our aspects, both educational
11 and therapeutic, and legal, that^a different
12 approach is required at these different age levels
13 with respect to the kinds of use, age use, and
14 the respective age limits.

15 I do not, of course, exclude
16 the use of drugs by adults. I believe it has a
17 relevance as far as both the parents of the
18 drug users in the younger age groups and their
19 reaction to the laws, and the facilities and so
20 on are available for the younger group.

21 Certainly I think that as a
22 profession, and I am sure the president-elect of
23 the Medical Association will have something to
24 say in this regard, but as a professional, we have
25 to put our own self, as far as prescriptive drugs
26 are concerned.

27 I know some individuals have
28 some difficulty in the current situation in
29 Newfoundland.

30 Many adults are at least

1 regular users of some medications, and on some
2 occasions are psychologically dependent on these
3 medications.

4 The interesting observation
5 which was made this morning, about the double
6 standard I think, comes in here again, in that
7 one has sometimes the feeling that there is a
8 great deal of criticism of the prescribing habits
9 of doctors, which some of us certainly are guilty of
10 and perhaps the criticism of these identified
11 legitimate groups is perhaps more vigorous than
12 the criticism of the legitimate supplier firms.

13 I conclude it is obvious to
14 most people that there are many factors influenced
15 in the use of drugs, the reactions, the various
16 age groups, to the use of drugs, and I feel that
17 certainly one area we have to look at is that of
18 education, and here I would certainly include
19 not only users of drugs and potential users of
20 drugs, I feel it would extend far beyond this.

21 Certainly, a group of parents
22 which finds itself often in difficulty—ambivalence,
23 fear, and I think that various groups have to
24 undertake the jobs of introducing more rationality
25 into their attitudes as they are in their terms
26 being effective in a community.

27 Very little has been done so
28 far, but certainly there is every sign that there
29 are increasing efforts in this direction, and I
30 understand that quite recently the Department of

1 Health has set up a multi-disciplinary committee,
2 to look at this as carefully as they can,
3 having legislation at all levels.

4 Another group which I feel
5 requires education in order that it may approach
6 those individuals coming to their attention in
7 a more sophisticated manner, than heretofor, is
8 certainly the police authorities.

9 They, by and large, have not
10 been exposed -- or rather the individuals who
11 are using drugs, many of them are highly
12 intelligent individuals, quite experienced at
13 times, if they wish to do so, and lack of these
14 attitudes, and if the police are not very informed
15 about drugs and not well informed about the
16 handling of individuals who are actively using
17 drugs at the time that they come to their
18 attention, I think that this can create problems
19 in many different ways.

20 In order to make the facilities
21 available in our community, perhaps relevant
22 to the work of the commission, generally in
23 this province, and this has clearly been outlined
24 in the Brain Commission, which studied our health
25 facilities here some years ago, we suffered from
26 a shortage of medical facilities.

27 The situation, very briefly
28 as far as the city of St. John's is concerned,
29 with respect to psychiatric services, is as
30 follows: we have a Provincial Mental Hospital

1 which has provided a service for the total
2 Province, and the mainland of Laborador.

3 This hospital, in common with
4 similar hospitals throughout Canada, suffers from
5 shortages of staff, and overcrowding of patients,
6 and there is great pressures upon this hospital
7 for the usual reasons.

8 In addition to this, there is
9 an adolescent psychiatric unit, thirty beds, at
10 the Grace General Hospital, and it is staffed by
11 three certified psychiatrists, and this again
12 suffers from the same pressures for admission.

13 The Mental Hospital, I neglected
14 to mention, provides an out-patient day care
15 service with a certified psychiatrist you can
16 go to for referral, and a clinic service.

17 There are some psychiatrists
18 practising in the City of St. John's, there are
19 psychiatric beds in the St. Clair Hospital, and
20 there are psychiatric beds in the General Hospital,
21 although the number there is variable, because
22 there is no distinctive geographic unit at that
23 hospital.

24 There is no psychiatrist
25 practising at the moment, between the City of
26 St. John's, and Cornerbrook, and in Cornerbrook
27 there is one psychiatrist practising and he has
28 access to, I believe, a thirty bed unit in that
29 city.

30 There is a doctor recently

1 arrived at St. Anthony, at the northern tip of
2 the island, and that I believe is the roster of
3 services, as far as psychiatrists are concerned.

4 On the campus, there is
5 the Student Health Service, which have a director.
6 This consists of one part-time psychiatrist, two
7 part-time practitioners, and this provides a
8 daytime clinic service.

9 It is not the only medical
10 service available to the students, and they do
11 tend to use services outside the campus, as well
12 as on the campus, and it does not indicate what
13 the usage is, but a study is being undertaken.

14 We have, as you are probably
15 medicare
16 aware, a/scheme operating in the Province, and
17 as far as specialist service is concerned, an
18 individual seeking specialist service has to
19 be referred by his family physician. There is
20 no means for a non-medical referral, at least
21 if the services are to be required under the
22 scheme as operated in the Province.

23 The situation in the schools
24 as far as special services is concerned, is
25 not at all satisfactory.

26 Some of the -- the people
27 that appeared this morning, are three people of
28 the solvent members of the counselling services
29 available to the adolescent and high school
30 students

I can't give you the exact

1 number, but this is available.

2 The number of counsellors in
3 the school throughout the island is extremely
4 small.

5 I believe there is a total
6 of seven counsellors working in that facility
7 and the head of this service has been active for
8 the past year.

9 I understand that further
10 expansion is contemplated, and I think we will
11 have to press for some comments as to what I
12 have to say.

13 My opinions and recommendations
14 essentially, correspond to those advanced by
15 the Canadian Medical Association.

16 However, I feel that in our
17 own community here, we have an immediate need
18 for some sort of walk-in clinic. I seem to
19 have observed that those individuals who are
20 concerned about their use, or abuse, of drugs
21 are quite hesitant to seek medical help, and
22 there are a number of factors operable in this.

23 They are not for what
24 facilities are available, they are not sure what
25 facilities are available, they are not sure what
26 they actually would get when they go there, and
27 perhaps they are not altogether clear as to their
28 protection after they get there.

29 Furthermore, the administrative
30 lay-out of the medicare scheme does mean that

1 individuals have to be seen, certainly if
2 psychiatric consultation by the general practitioner
3 before they are seen by a psychiatrist, and some
4 do not wish to always go through this step at
5 all.

6 But as I say, a facility
7 could be set up. This is a difficult question.
8 We suffer, as I have already pointed out, from a
9 shortage of personnel in all fields, but it
10 is quite clear that a number of individuals
11 are attempting to do what they can do for those
12 individuals who seek help, with respect to these
13 problems, and at the moment efforts are largely
14 random, and incoordinate, and it may not be possible
15 to coordinate what we are already doing,
16 and on the overall it may become more effective.

17 As far as the question of
18 the legalization of marijuana is concerned, my
19 personal position is the same I already outlined
20 to the Commission, by the Canadian Medical
21 Association, and that is that at this time there
22 is no good argument for the legalization of, or
23 the distribution of marijuana.

24 The arguments against this
25 are, of course, the law is not enforceable, and
26 secondly this is -- does not harm or affect
27 society.

28 I find both these points are
29 debatable. First of all, there may be a
30 deterrent effect in just laws. I won't say more

1 at the moment. And secondly, I feel that the
2 survey which I have done of literature, does
3 not indicate that at this point we have any
4 way of predicting the effect of marijuana on
5 the individual who is in a state of active
6 development, as in early adolescence.

7 It seems not an unreasonable
8 guess, that insofar as marijuana does produce
9 a state of euphoria, and things like that, and
10 that it does provide a measure of identification
11 in some circumstances, that it could conceivably
12 become part of a groping mechanism to provide
13 an individual who was having difficulties could
14 at least temporarily find that he was having
15 less difficulties, and therefore learn to use
16 this as a method of coping, and perhaps to use
17 it.

18 I think again, we have to
19 take into consideration, we already have
20 evidence of a downward age extension in the
21 use of chemical substances, and this would
22 have to be then again examined, before any
23 drug, including marijuana, became freely
24 available generally among young adolescents.

25 Again, I agree with the
26 point of the Association and many others
27 that the laws with respect to marijuana to
28 appear to be unjust.

29 These actually may be more
30 harmful than the use of the drug itself, and

1 certainly if we are to remain credible with
2 those that we seek to inform, there have got
3 to be some changes in this area.

4 Thank you, Mr. Chairman.

5 THE CHAIRMAN: Thank you,
6 Dr. Boddie.

7 Any questions from my
8 colleagues?

9 MR. STEIN: Do you have
10 any specific recommendations with regard to
11 what the changes in the law ought to be?

12 DR. BODDIE: Well, I first
13 call the definition with respect to marijuana
14 first of all ---

15 MR. STEIN: I would appreciate
16 we were speaking about that, but with respect
17 to drug use in general, or if you care to
18 respond with respect to marijuana?

19 DR. BODDIE: Yes, I responded
20 to this of course, subsequently. With respect
21 to marijuana the situation at this time, does
22 seem to be extreme.

23 First of all, it is incorrectly
24 defined. It is not a narcotic in the common
25 use of the term, and secondly, the penalties
26 seem to be excessively severe.

27 And perhaps more important
28 than that, there is not too much evidence
29 really, that when an individual is apprehended,
30 and that he has been using drugs, that not much

1 in the way of an attempt to assist that individual
2 with his personal limitation is done.

3 I think it is in this area
4 that perhaps the greatest change in the law ought
5 to occur. That is the attitude of the individual
6 using the drugs.

7 I think we see this with respect
8 to the individual who uses alcohol excessively,
9 that an effort is made to correct it, toward some
10 rehabilitation service, possibly.

11 I think we should be doing the
12 same with other substances.

13 MR. STEIN: I am particularly
14 interested in your view as to the desirability of
15 continuing the present kind of criminal sanction
16 which results in a permanent criminal record for
17 the youngster, whether he gets the record at
18 seventeen, or twenty-two.

19 Do you have any views on the
20 appropriateness of that?

21 DR. BODDIE: I have views on
22 the giving of a criminal record to an individual
23 in that age group, and under the circumstances,
24 as you refer, I think it is incorrect, it can be
25 unjust.

26 I don't know how you resolve
27 the question of the law acting as a deterrent
28 without at the same time causing more harm to the
29 individual, than one might wish there.

30 I haven't the knowledge to debate

1 the legal implications of this, but I can debate
2 the personal implications on the individual.

3 But I do agree, that those who
4 say sometimes more harm can be done to the
5 individual by the law, than by the drug, and that's
6 not to say that I agree that the drug is entirely
7 harmless.

8 MR. STEIN: Supposing there
9 were a change in the law, which could not go as
10 far as making the drug available, but did try to
11 eliminate the question of criminal sanctions for
12 the possessors of the drug, and that during the
13 period of time that elapsed immediately afterwards
14 there was a radical increase in the use of the drug
15 by the result of this kind of change?

16 In other words, what I am
17 questioning, if there were some modifications of
18 the law, it has been pointed out to us that there
19 may well be an increase in the experimentation
20 temporarily. One doesn't know. This is hard to
21 predict.

22 But the object of this exercise
23 would be to try to enable people to come to terms
24 with another kind of control, other than the
25 legal one, in learning how to deal with the drug
26 in question.

27 There is a definite risk factor
28 here. When one person is put into -- it is a
29 question of a cost benefit analysis, that in the
30 short run there may be an increase in use, and there

1 may be an increase in excessive use, and at the
2 same time, there may also be a necessity for this
3 if we are going to try to alter the criminal
4 sanction approach as a priority.

5 DR. BODDIE: I think -- I don't
6 think that we can depend entirely on the use of
7 law, to govern human behavior.

8 I feel that this is only one
9 element in an overall situation which contributes
10 to an individual's social control. I am sure that
11 none of us operate such as we do, solely because
12 of law, such as we may, or may not perform a
13 certain act.

14 There must be many other
15 factors concerning that.

16 This is a point, perhaps which
17 I should have brought out earlier, that in
18 addition to points already made, I think we have
19 to pay attention to the factors in our own
20 community, which contribute to the quality of our
21 lives, both adult, adolescent, and children, and
22 that those factors in our society, in our community,
23 which contribute to productive social behavior,
24 which is essentially well controlled.

25 I do not feel that this can be
26 achieved solely by the use of law. How the law
27 will fit into this, I don't feel I have an answer
28 to that.

29 I certainly feel that the law
30 should not harm an individual, that it is essentially

1 for the protection of the society, and this is
2 all that it should do.

3 And it should certainly not
4 harm individuals who come up against it, as it
5 appears it may do from time to time.

6 THE CHAIRMAN: Doctor, what
7 do you understand by "protection of society"?

8 What are the values to
9 protect that.

10 DR. BODDIE: Well, one of the
11 concerns which I would have in a situation where
12 we are dealing with a substance, or substances,
13 that we do not fully understand their actions,
14 particularly : due to the fact that society
15 has an obligation to look after subjects, and
16 there are tremendous pressures in our schools and
17 I think maybe also in our school system here,
18 moreso than perhaps in other places, because we
19 are lacking facilities. And I think society has
20 a responsibility to see that we do not introduce
21 substances to this age group, which could be
22 potentially harmful to them, either physically, or
23 psychologically.

24 This would be one area, I think,
25 where society ---

26 THE CHAIRMAN: To what extent
27 do you think society is justified to use the
28 criminal law for that kind of protection, or that
29 kind of prescription of availability, as opposed
30 to the possession and trafficking and sale?

1 DR. BODDIE: With respect
2 to possession, this is an entirely different
3 situation than the individual who has as an
4 occupation, the trafficking of drugs, and the
5 introduction of these drugs to groups where he
6 is aware that they will be readily accepted.

7 I feel that the individual
8 who traffics drugs, is certainly a danger to
9 society, because what he sets out to do, is to
10 distribute various drugs in vulnerable areas.

11 He is certainly not going to
12 do so in areas where he won't be able to. There
13 must be a distinction between these two groups.

14 As far as possession is
15 concerned, I feel regardless of how the law is
16 spread out, and as I say, I am not competent to
17 spell it out in legal terms, but as I say, I think
18 the emphasis should be on assisting the individual
19 in a rehabilitative way, if this is indicated.

20 On the other hand, some way
21 of deterrent must be available.

22 THE CHAIRMAN: In any event,
23 protecting the young against these substances,
24 does the criminal law have a right to say that
25 the possession of these drugs by the individuals,
26 is to be treated as a crime?

27 DR. BODDIE: In some areas it
28 has been treated as a misdemeanor, and this is
29 the emphasis that I personally favour.

30 If I might just continue, to

1 apply a criminal record to an individual for
2 possession of a drug, seems to me to be unjust.

3 MR. STEIN: When you say a
4 misdemeanor, I am not sure what you are thinking
5 of, but presumably you mean a fine, or a sus-
6 pended sentence.

7 DR. BODDIE: Something in
8 that order.

9 MR. STEIN: These things carry
10 permanent criminal records also.

11 DR. BODDIE: I am not
12 attempting to speak in legal terms, but my thinking
13 is conditioned in this manner.

14 The model I have in mind, would
15 be similar to that which we see in the Family
16 Court.

17 MR. STEIN: A traffic type of
18 fine, perhaps.

19 DR. BODDIE: No, because this
20 doesn't contain the amount of personal assistance
21 the Juvenile and Family Court type of situation does,

22 Now I don't know how you
23 spell that out in law, but this is the model that
24 I have in mind.

25 THE CHAIRMAN: This is the
26 rehabilitative aspect.

27 DR. BODDIE: Yes.

28 THE CHAIRMAN: Doctor, I
29 asked you what you meant by "protection of society"
30 and values, and you refer to the protection of

1 young from themselves.

2 Do you recognize any interests
3 of society as a whole, which may merit protection
4 through the criminal law, in this field, apart
5 from harm?

6 Do you recognize any rights
7 of the individual that could conceivably warrant
8 protection by the law?

9 DR. BODDIE: I think I would
10 be more preoccupied with it. I have already said,
11 with the exclusion of this particular point.

12 I think I would also require
13 you to develop the question a little more, because
14 I am not quite sure what areas you were thinking
15 of.

16 THE CHAIRMAN: I have in mind
17 alleged interest with
18 respect to alleged effects of non-medical drug
19 use on society generally.

20 Do you recognize, or is it
21 any part of your thinking, or the assumption
22 lying in your thinking of the possible effects
23 of non-medical drug use on society generally,
24 which merit the criminal law treatment of this
25 to some degree, or other?

26 Is that any improvement?

27 DR. BODDIE: I have it. I
28 have to think about it for a moment.

29 Well, insofar as drugs generally,
30 and some drugs in particular, can create dependency

1 of one kind or another.

2 Surely society

3 and individuals in society, have a
4 responsibility to avoid certain circumstances
5 where they are preoccupied with the use of a
6 substance where it begins to intrude on other
7 aspects of their daily lives.

8 Some individuals, and what
9 I am thinking of here, that compulsively uses
10 a chemical, or a great deal of his time is
11 occupied in the obtaining, administering and
12 avoiding the consequences of the administering
13 of this substance, surely this individual is
14 himself affected, and is affecting society.

15 I feel society has a
16 responsibility in many ways, including some form
17 of just law.

18 that
19 It must ensure/an individual
engages himself in a more productive way.

20 THE CHAIRMAN: Thank you,
21 Doctor.

22 DR. LEHMANN: In the stricter
23 medical sense, Dr. Boddie, I assume you have
24 come across adverse medical effects of various
25 drugs, among younger or older people.

26 Where did you encounter them
27 mostly, in the use of solvents, or LSD, marijuana,
28 speed?

29 DR. BODDIE: So far in St.
30 John's, we have not seen very many adverse drug

1 reaction, except in the solvent areas. To my
2 knowledge, no one has been referred for emergency
3 medical attention because of the use of marijuana.

4 Some individuals who have
5 been arrested, have at the same time been using
6 LSD and other substances, and have been in a
7 toxic state.

8 But we have not as yet had
9 any acute emergency admissions, that I am aware
10 of, to any outpatient hospital department, for
11 LSD intoxication, or anything like that.

12 DR. LEHMANN: Now, in other
13 centres in larger cities, we have very consistently
14 been told that drug users on -- non-medical drug
15 users, have a greater version of fear to go to
16 outpatient clinics, or general hospitals for a
17 variety of reasons, among others that they feel
18 they may be announced to the police, or the
19 doctors there don't know how to treat them, in
20 fact many young youthful drug users seem to be
21 convinced no medical person really knows how
22 to treat them, and that if they do go there, they
23 will be rejected, and will be discriminated
24 against.

25 Now do you have the same
26 problem here?

27 DR. BODDIE: I think I would
28 have a similar impression.

29 I have noticed the individual
30 who had intended to seek help, has been very

1 cautious about this.

2 Sometimes there were maybe one
3 particular drug user, who then, having tested
4 the water so to speak, suggests to someone else
5 to come along.

6 DR. LEHMANN: This would imply
7 you don't agree they are being treated in a dis-
8 criminatory fashion.

9 DR. BODDIE: I don't think
10 there is any evidence of discrimination here,
11 because there really isn't that much treatment
12 being done.

13 That is the first point. The
14 second thing, is I seem to have had a good deal
15 of caution, certainly excessive caution, perhaps
16 fear, in individuals who do seek out help.

17 THE CHAIRMAN: Gentleman at
18 the microphone?

19 THE PUBLIC: My name is Peter
20 Sullivan, and I would like to point out to Dr.
21 Boddie, that I know of a few cases who have --
22 I have been associated with LSD trips, who have
23 been looking for medical attention, /have had a
24 bad trip, and have been terribly frightened to call
25 anyone, because they were afraid of police inter-
26 vention, and I don't know, but there have been
27 terrible rumors about police intervention with
28 LSD trips.

29 Someone is taken down to a
30 mental hospital, and put in a padded cell, and

1 just left there in isolation.

2 There is a girl right now, I
3 believe, going under shock treatment.

4 DR. LEHMANN: This is not
5 police intervention.

6 THE PUBLIC: Things like this
7 that scare people.

8 These kids are just frightened.
9 I know someone has called me, and asked me what
10 they should do with such and such a person.

11 Well I can call some doctor,
12 and some doctor, I would try to get them to pre-
13 scribe a certain tranquilizer, or something like
14 this, but the doctor would be afraid to do this.

15 The doctor would suggest to
16 bring them to a hospital for medical attention. But
17 the hospital would have to call in the police when
18 there is a drug ---

19 DR. LEHMANN: That is not true.

20 THE PUBLIC: This is what I
21 understand.

22 DR. BODDIE: Could I correct
23 the impression.

24 THE PUBLIC: I wish you would.

25 DR. BODDIE: You are wrong.
26 No action of this nature would occur.

27 I think that any individual in
28 the state that you had described, in this community
29 as far as I know, could freely and safely call upon
30 a doctor.

1 Now, what he would be up against,
2 perhaps much more so than the problem you are
3 mentioning, is the fact that most doctors in this
4 city have had very little experience with this
5 type of problem; however, this is a situation
6 which is likely to change very rapidly, because
7 people can learn, and we are all aware of the
8 problems.

9 So I think that the spirit is
10 somewhat unrealistic in this committee at this
11 time.

12 THE PUBLIC: It certainly helps,
13 sir, thank you.

14 MR. CAMPBELL: There are three
15 question I would like to raise with you.

16 The first is that it has become
17 clear to us, that the medical treatment of certain
18 acute drug reactions requires special skills, both
19 from the handling of the individual, the environ-
20 mental handling, and the prescribing of drugs for
21 that.

22 Have any steps been taken in
23 this area, to acquaint the physicians with the
24 types of drugs that are appropriate to use in
25 having a bad trip, those which would be dangerous
26 to use?

27 Have courses been taken to
28 acquaint the staffs of the wards or outpatient
29 clinics, with the appropriate handling of these
30 cases?

1 DR. BODDIE: Yes. The Director
2 of Mental Health in co-operation, assisted by the
3 Professor of Psychiatry at the University, have
4 recently distributed some literature about this.

5 That is the first point.

6 The second point is, that a
7 number of us in the field, medical and others,
8 hope in the very near future to put on a two day
9 professional seminar for our own education.

10 And other practitioners have
11 approached those people they know have some knowledge
12 in this field, on a personal basis, and I think I
13 could safely say that there is everything to
14 indicate there is a greater knowledge --/there is ^{certainly}
15 a great deal more knowledge about the problems
16 that you mentioned, than there was even six months
17 ago, and every indication it is likely to improve.

18 THE PUBLIC: Excuse me. I would
19 like to say something about -- well, I know this
20 person who was stoned on LSD, and the police found
21 him, and hauled him in for insanity, for being
22 on the street yelling and stuff like that, and they
23 brought him in the car and they drove him around
24 for two hours pretending they were going to wreck
25 the car, and trying to "freak" him, you know, like
26 making him go on a bad trip so he would give
27 information to where he got the LSD.

28 Now this is how bad it was.

29 THE CHAIRMAN: Did you witness
30 this?

1 THE PUBLIC: I know the person,
2 and I know it is true.

3 THE CHAIRMAN: The person told
4 you about this?

5 THE PUBLIC: Yes.

6 THE CHAIRMAN: What police were
7 involved, what level of government?

8 THE PUBLIC: It was the
9 constabulary.

10 THE CHAIRMAN: The local police
11 force?

12 THE PUBLIC: Yes.

13 MR. CAMPBELL: The second question
14 I would like to raise with Dr. Boddie, is have you
15 had -- if you have not had a misuse of cannabis use,
16 have you had a misuse of the legally non-prescriptive
17 drugs.

18 There is a study you are familiar
19 with,
20 carried out in California, on consecutive drug
21 admissions.

22 They found a rather high
23 incidence from a drug such as Nytol, this type of
24 drug, which are widely advertised.

25 Has this been a case in this
26 region?

27 DR. BODDIE: No, I wouldn't
28 say so, not in my experience, which includes a
29 general hospital psychiatric unit.

30 Now what the experience of the

1 outpatient department of the mental hospital might
2 be, I am not sure. I don't know whether anyone is
3 here from that facility.

4 Now, you might comment on that,
5 but this is not the experience of myself, or my
6 two colleagues, who work at the
7 Christian Hospital.

8 THE CHAIRMAN: Lady at the
9 microphone.

10 THE PUBLIC: I would like to
11 ask a question.

12 Under what obligations are
13 doctors obliged to report on illegal use of drugs,
14 or what are they to give, specifically, regarding --
15 asked by the police?

16 DR. LEHMANN: We settled this
17 in Montreal in a discussion with the Canadian
18 Medical Association, and on questioning the
19 president of the Canadian Medical Association, he
20 said that it would be against medical ethics to
21 inform the police of anyone who comes for help to
22 a physician, or to a hospital.

23 Now this is now officially the
24 policy of the Canadian Medical profession, and
25 could be quoted to anyone by anyone, anyone who
26 does denounce a person who is badly in need of
27 medical help, for any reason other than gunshot
28 wounds, or battered child syndrome, these are two
29 exceptions made by the law.

30 Anyone who does inform the police,

1 is violating medical ethics.

2 THE PUBLIC: What happens if
3 the police specifically question a doctor. Is he
4 under obligation to give testimony?

5 DR. LEHMANN: I don't think so.

6 THE CHAIRMAN: No, he would be
7 protected from exposure.

8 DR. BODDIE: I think it is not
9 correct; that under oath and in court the physician --
10 there is no protection of confidentiality.

11 Certainly this was the information
12 I understood the Minister of Justice to give us,
13 at our Association.

14 THE CHAIRMAN: Yes.

15 THE PUBLIC: However, I would
16 like to say, this seems to be a highly unlikely
17 situation.

18 THE CHAIRMAN: That is right.

19 MR. CAMPBELL: I might just add
20 that I saw a paper prepared before another Commission,
21 on this matter, and I think they found that there
22 was not a precedent in Canadian law, where a judge
23 had in fact ordered testimony.

24 THE PUBLIC: How would you
25 suggest a physician respond if he was asked for
26 testimony?

27 THE CHAIRMAN: I don't think I
28 should give you legal advice.

29 Gentleman at the microphone.

30 THE PUBLIC: My name is Frank

1 Harding, and people were talking a moment ago, about
2 somebody who was taking a bad LSD trip, and being
3 locked away, and things like this.

4 First of all, I would like to
5 say that I would like to speak later on if there is
6 a chance, on the drugs, and give other opinions.

7 But right now, I am speaking from
8 experience. I agree with what was said.
9 and I think that there should be in every town, every
10 city in Canada right now, while LSD is a very popular
11 drug with a lot of people, two or three doctors,
12 depending on the size of the city, who know how to
13 handle a person who is "freaking" on acid.

14 I can not impress upon people,
15 and you Commissioners, how dangerous and how serious
16 an LSD "freak trip" is.

17 To take a person and lock them
18 in a padded cell while they are freaking on acid,
19 you might as well reach into their head and pull
20 their brain out, because this drug is so powerful,
21 and I hope I am not being over-emphatic, but this
22 drug is so powerful, that you can't lock a person
23 away like that.

24 This person has no control over
25 his brain. It is not a matter of being stoned on
26 hash, or something, because this is a completely
27 different thing, but LSD is a drug that can mess
28 you up for the rest of your life.

29 And I don't condemn people for
30 taking it I don't condone it, but I don't condemn

1 it.

2 I can't do that, because I have
3 been on an LSD trip and you can't be put in a
4 padded cell.

5 It isn't easy for a person on
6 acid, because they don't control their mind,
7 their brain is not their own.

8 It is difficult for a person to
9 know whether they can have a good trip, or a bad
10 trip.

11 My personal experience was for
12 seven or eight hours I did a real bad trip, and I
13 am sure I have experienced as much fear in that
14 eight hours, as any soldier in Viet Nam, in the
15 trenches

16 It is hard to put your finger
17 on what this fear is. It is probably not a normal
18 fear in a dark room, or a normal fear of fighting,
19 or anything like this, it is an immense uncontrollable
20 fear.

21 You take the fear of a person
22 who is frightened for just a second, and multiply
23 this by millions, and extend it over an eight hour
24 period, and this fear is with you for the rest of
25 your life. And I think the people have to start
26 looking at this in a very serious way, and it's
27 no damn good to call in the cops, or put the guy
28 in a padded cell.

29 You have to sit down and talk
30 to him, and try and bring him down. You can't

1 bring him down, let's face it, he's going to go
2 for twelve hours and that's it. But it's not any
3 good for him to - put him in a padded cell
4 you have to reason with him. And after he's down
5 and straight talk to him again, because believe
6 me, if it's his first time, and first bad trip,
7 he is still going to be feeling the effects of
8 this for months afterwards.

9 Myself, it has been three
10 months after I did acid, and I still wake up in
11 the nighttime. There are times in the morning, and
12 for a split second feel this uncontrollable fear.
13 You get accustomed to it after awhile, it is some-
14 thing that happens. But I think it is time that
15 people in this town, especially, they have a
16 tendency to say, "Now, well there is a guy freaking,
17 and it is his own damn fault."

18 If you look at it that way,
19 you are really going to mess people up, and I
20 think that people should start looking at these
21 "acid freaks" if you want to call them that, and
22 say, "O.K., let's help that person, but don't let
23 him away."

24 Thank you very much.

25 DR. LEHMANN: They certainly
26 would have to be helped, but with this unspeakable
27 horror, and I am quite convinced you are in no
28 way exaggerating, it is probably the worst horror
29 that man can ever experience.

30 Now, would you advise your

1 friends to take the risk of such unspeakable
2 horror?

3 THE PUBLIC: No, I wouldn't.
4 I wouldn't advise it on any-
5 body.

6 But the thing is, you see,
7 I was sort of lucky in that it was a bad trip for
8 me, for eight hours, but I did manage after people
9 talked to me, and sort of straightened me out a
10 bit, because a person who is on acid, who is
11 very easily twisted, sort of like clay, moulded.

12 Just like taking a steel bar,
13 reheating it, and twisting it a bit, and if you
14 let it cool it is still twisted
15 so you have to have somebody to talk to you, to
16 talk to you and what has happened to you, because
17 you certainly don't know.

18 I was lucky I had this bad
19 trip, and then I had a good trip, and I saw all
20 the colours, and, you know, things that happen
21 when you are on acid.

22 And, O.K., I will never do
23 it again. I figure that I come back from it now,
24 I don't know whether to say "better". But at
25 least I am aware of what is happening now, and
26 for anybody to say there is not much acid in
27 St. John's, believe me, there is a lot of acid
28 in St. John's.

29 I have to condemn the drug,
30 not the people who use it.

1 I have to condemn the drug,
2 because anything that can do this to their mind,
3 just can't be good for them. It really can't.

4 I wish I could come in here,
5 I wish I had the courage to sit at this table,
6 to talk to you, and then drop a tab of acid and
7 freak for you, because then you would know
8 exactly what is happening.

9 But you have to see a person
10 who is afraid of a wall, who is afraid of an
11 orange, or afraid of a flower. Then you have
12 to see this person, and then tell me you can lock
13 him away in a cell, and say, "Well, your tough
14 luck. You shouldn't have done it."

15 I think the people have to
16 start taking a more mature attitude toward acid
17 freaks, if you can call them that.

18 Thank you.

19 THE CHAIRMAN: Thank you.

20 MR. CAMPBELL: Dr. Boddie,
21 the question I raise with you is in connection
22 with alcohol use, at these early teen years.

23 We have had quite a great
24 deal of evidence that in these years alcohol is
25 still the most widely used drug. There has been
26 some suggestion there is a fairly marked increase
27 in the last decade / or so. Do you have the same concerns
28 about the effects on the emerging, developing
29 personality of the use of alcohol, as you have
30 for the use of drugs?

1 DR. BODDIE: We probably
2 still have the same situation as far as alcohol
3 is concerned, as experienced across the country.

4 Certainly alcohol is used
5 quite exclusively. Certainly my reaction to its
6 use in the developing individual, I would
7 include alcohol and drugs in the same way, as
8 potentially harmful.

9 MR. CAMPBELL: Do you feel in
10 any position to express an opinion on the relative
11 dangers of alcohol ingestion and marijuana use,
12 say in the thirteen, or fourteen year age group.

13 DR. BODDIE: I don't think I
14 have the experience. I think it is one of the
15 facts that should be brought out, which to
16 some extent -- makes what the young man spoke
17 about a moment ago, said, valid,

18 is that one of our problems
19 here right now, is that it is only recently we
20 have been called upon. A problem we may be called
21 on to deal with, is a current problem, and we
22 may not be equipped to meet with these problems
23 at the moment, although we are trying to improve
24 our knowledge in the area.

25 MR CAMPBELL: There is one
26 other thing I would like to raise with you.

27 You spoke of the need of street
28 clinics.

29 A number of the groups of this
30 sort that have been brought to our attention, I

1 think, have found they have to make rather heavy
2 use of lay-personnel of the same generation, same
3 years as the people who are apt to come to these
4 clinics, and very frequently, the people best
5 able to function in this setting, have a very
6 rather large drug experience themselves, and also
7 take a permissive attitude certainly, towards
8 cannabis, and to some extent to other drugs.

9 Would this be the context in
10 are
11 which you think you/ thinking, and if it is, would
12 you expect the community would be prepared to
13 accept this type of service?

14 Certainly, elsewhere there has
15 been certain reaction against some of these
16 services.

17 DR. BODDIE: This is quite a
18 new thought to me.

19 Certainly the pattern, one of
20 the patterns which one observes here, in this
21 small community, is I mentioned a moment ago, that
22 one user seems to, having checked things out, may
23 refer, or have referred ^{another} individual to a street
24 clinic.

25 So to me, as a professional,
26 it seems quite reasonable to use whatever help
27 one can get, provided that it is competently and
28 responsibly given.

29 As far as the community reaction
30 is concerned, I don't know that I can predict
what it might be.

1 We intend to be very conservative
2 in this area, and there could be some reaction.
3 But the type of step that was made a few moments
4 ago by Mrs. Kearney was certainly not to provoke
5 any negative public reaction, I would hope not,
6 and individuals such as he could regard it as
7 a useful person, in that type of situation.

8 I think it would depend on the
9 individual in the job.

10 THE CHAIRMAN: Thank you very much, Dr. Boddie.
11 It has been a very helpful submission.

12 I call now on Brother Kevin
13 Malloy, Principal of Brother Rice High School.

14 Gentleman at the microphone?

15 THE PUBLIC: Mr. Chairman, my
16 name is Harvey Flight. I am associated with the
17 role and the education
18 Kiwanis supporting the / of Operation Drug Alert,
19 and supporting Dr. Ray Ferme. He covered
20 that aspect of our program this morning.

21 But as a practising pharmacist
22 in St. John's, I think that I would like to take
23 probably some of the emphasis off LSD, and marijuana.

24 This is no doubt a very dangerous
25 and god-forgiving activity, but there is a very
26 grave area of misuse of prescribed drugs, the misuse
27 of non-prescribed drugs, and I want to get back
28 to the question that Mr. Campbell asked Dr. Boddie,
29 if he had any evidences of drug reaction of non-
30 prescription drugs.

I feel very seriously, that the

1 drug industry has a very major role to play in
2 the products that are available, and this talk
3 about the distribution, the advertising and the
4 availability.

5 And as a pharmacist, and I
6 don't want to talk for the Newfoundland Pharmaceu-
7 tical Association, just as an individual
8 pharmacist, that I know, and have seen drug
9 reactions from non-prescription drugs.

10 And I am thinking of the
11 codeine preparations that are available. As you
12 know, in Canada it is legal to go into a drug
13 store, and buy a codeine preparation. You can't
14 do it in certain states in the United States.
15 There are people that are abusing these preparations.

16 I feel that the drug industry
17 must do a greater area of education, in the
18 products that they are producing -- we are a drug
19 oriented society, we are a drug taking society.

20 The number of drugs are
21 increasing daily. Drugs over the past twenty years
22 have performed miraculous steps in the curing
23 of illnesses. But I still think that to every
24 drug, there is a good side and a bad side.

25 We take our advertising on
26 over-the-counter preparations, aspirin. You look
27 at your television, you look at your news media,
28 and you are filled up with the aspect of advertising
29 of aspirin tablets, and I think it is true to say
30 that in Canada, there are probably more children

1 being poisoned by the consumption of aspirin,
2 than any other substance. But the industry does
3 not say this. They are not doing anything. They
4 are not acquainting the people

5 The same aspect with medical
6 drugs. There are many patients going to see
7 doctors, they have something wrong with them, and
8 the doctor would prescribe a drug, they are feeling
9 fine, and they tell their neighbour, so they
10 share their prescription with the next door
11 neighbour.

12 I don't see the drug industry
13 doing much of an educational program in this
14 respect.

15 We have the other aspect of
16 society where a person who knows the limitations
17 of the law, and he goes to see his doctor, and
18 he wants a few tranquilizers, and the doctor
19 decides that he needs them, and he gives them to
20 him.

21 The next day he goes to
22 another doctor, and so this goes around in a
23 circle, and I am sure the medical profession
24 must be in a turmoil over this situation.

25 And I feel that this again,
26 must be education.

27 The aspect of the young
28 person, or the old person, it doesn't matter,
29 of sharing their prescription drugs with their
30 friends, and this has happened. And I think

1 the drug industry is failing in society, very
2 badly, in this respect.

3 Thank you.

4 THE CHAIRMAN: Thank you.

5 BROTHER MALLOY: Mr. Chairman,
6 Commissioners, ladies and gentlemen, I am speaking
7 on my own behalf, ^{as an educator} and as an administrator and
8 officially on behalf of the ^{R.C.} School Board for
9 St. John's, and I speak as one with some degree
10 of concern, as I have observed the deleterious
11 effects of drugs, particularly marijuana, very
12 limited LSD, although this afternoon a further
13 example was given, and more specifically with
14 young people.

15 And my experience comes
16 probably moreso from British Columbia where I
17 was a principal, before I was transferred here
18 to St. John's, and what I have observed in the north
19 west, made me reveal my concern here to St. John's
20 when I was transferred here last year.

21 At that time -- I spoke last
22 spring as a matter of fact, mentioning the fact
23 that I hoped that my words would not be empty,
24 and just in talking about what the condition
25 was, that exists somewhere else.

26 Since then, I realize we
27 have some concern here, looking at it generally,
28 and I am afraid to think that we are coming to
29 the realization that it is a problem.

30 ' Unofficially now, to speak on

1 behalf of youth, and we realize that fifty
2 percent of Canada is under the age of twenty-five,
3 certainly I am speaking on behalf of quite a
4 group of people.

5 We realize the fact that drugs
6 are a problem in Canada, according to the
7 Commissioner of the R.C.M.P., the drugs are the
8 number one concern in Canada, although interestingly
9 enough, here in Newfoundland it is still
10 stealing cases as far as being number one is
11 concerned.

12 There is possibly some background
13 to drug use. My thinking on the matter, my
14 reading, my investigations, have led me to believe
15 that we have reached a state of transcivilization
16 which goes back, of course, to 1903, when
17 Einstein gave his theory of relativity, and it
18 was at that time in civilization when we went
19 from the age of the wheel to the atomic age, which
20 we enjoy presently.

21 And that is tremendous progress
22 along with tremendous development of scientific
23 knowledge, and in every other way, it has brought
24 in a lot of problems, and many of us can't cope
25 with the problems that are concomitant with
26 tremendous industry, and tremendous growth.

27 And we find that in my work,
28 with the youth particularly, within the last
29 few years, we are dealing with a new type of
30 individual, a new adolescent.

1 Now I don't say for a
2 moment, that anybody here who is an adolescent,
3 has gone through a biological or a chemical
4 difference that would be indigenous to the
5 biological and chemical development of adolescence
6 through the years.

7 It is true, I think, biological
8 and chemical adolescence is one stage we enjoy
9 in our lives, but I think it is very, very true
10 to try to realize that the stimuli that surround
11 our youth today, are certainly very, very far
12 different from the stimuli that surrounded youth
13 a generation ago.

14 When teenagers back in the
15 '30s and '40s could realize the biggest drive
16 to the country was "Holy Rood" when we
17 didn't have cars and television, and today find
18 these are things of the past.

19 When we find today, when a
20 child comes to kindergarten has already enjoyed
21 four thousand hours of T.V. bombardment,
22 when the child is an adolescent, he certainly
23 knows more about life, and is certainly more
24 receptive to ^{stimulations} than generations gone by.

25 And so it is the realization
26 of this, that brings us to realize too, that with
27 this tremendous development that has gone on
28 through the centuries, and with the tremendous
29 age that we live in now, the challenge and
30 exploration and transcivilization, which I

1 mentioned earlier, that we have carried along
2 with this various subculture, and the subcultures
3 in their own right can sometimes be very very
4 dangerous.

5 And this is why of course,
6 we are concerned today with the problem of drugs.
7 Drugs were unheard of a few years ago.

8 We have been told by many
9 here in Newfoundland,
10 people today, that even three years ago / the
11 word "drugs" was unknown, but now we hear about
12 problem drugs.

13 As far as drugs go, I suppose
14 I am in no position to go into detail on the
15 various effects of drugs, but I can certainly
16 give you what I have analyzed myself, from my
17 own studies of drugs, but I think we have had
18 this area covered quite competently today, by
19 speakers of the medical profession, who are much
20 more adept at this particular type of thing.

21 But we do know generally
22 speaking, that there is various known, and
23 unknown effects of drugs.

24 We know that some drugs which
25 are known, and experimented with, have definite
26 effects, and medicine has controlled the use
27 of this type of drug.

28 There are other drugs, however,
29 which have not been studied too thoroughly, and
30 whose effects are generally unpredictable, and
in this instance of course, we bring in particularly

1 marijuana, and LSD.

2 There are so many factors
3 about marijuana and LSD which make them unpredict-
4 able, especially when we have to concern ourselves
5 about the personal use of these drugs, the
6 personality of the user, the way the drug is
7 ingested, the atmosphere, the amount and so on,
8 and these are all various areas of drugs that have
9 to be concerned, any time we discuss just exactly
10 what a drug does, or what a drug is.

11 But however, we are certainly
12 concerned about the fact that we have drugs on
13 the market that are not under the control of
14 proper medical authorities, and because of the
15 tremendous potency of these drugs, the availability
16 to youth, we find that we are presently enjoying
17 very, very serious problems.

18 Because not only does the
19 drug affect the persons who take them, but I
20 certainly think that drugs are a social problem.

21 So it is with this in mind,
22 without going into further detail, I would express
23 my own concern, particularly as an educator, and
24 I translate this concern, and I spread it
25 to so many people, particularly as I say, our young
26 people in this country, that I prescribe the
27 following recommendations to the Commissioners.

28 Appreciating the tremendous
29 concern, pressures, and demands of our time, and
30 realizing especially the problems facing youth

1 and the availability to youth, of drugs as the
2 unrealistic escape route, I respectfully recommend
3 the following.

4 1. An educational campaign
5 be carried out to advise all youth, especially,
6 of the inherrent danger in the uncontrolled use
7 of drugs. And by this, of course, I mean the
8 non-medical use.

9 Secondly, I recommend that
10 drugs should be thoroughly controlled, until the
11 full effects of drugs are known, and this is
12 certainly applicable when we discuss marijuana
13 and LSD, and many forms of hallucinogenic drugs.

14 Thirdly, I recommend that
15 government maintain strict penalties for those
16 individuals responsible for trafficking, cultivating,
17 spreading, so on and so forth, illegal drugs.

18 As far as I am concerned, there
19 is no penalty too strict for any person who has his
20 mind bent, on destroying our greatest resource,
21 our youth.

22 I further recommend that
23 government remove this stigma of criminal record
24 and mitigate somewhat lesser penalties for first
25 offenders, and lastly, I recommend that medical
26 assistance be given those people who need/ ^{it} as a
27 result of drug ingestion, and this medical attend-
28 ^{confidential.}ance be given free, and all records are to be kept/

29 There is one further point, Mr.
30 to youth,
Chairman, with respect/ I would say from my personal

1 observation, of the response of youth to
2 stimuli in our present generation, the
3 belief that future generations are going to
4 have even greater stimulations.

5 We have to realize that as
6 far as youth are concerned, youth has to learn
7 to separate themselves from their parents,
8 similar to the separation that we have all
9 experienced in getting away from our parents,
10 when we were first toddlers.

11 That was a more physical
12 separation, and youth is a time for the
13 adolescent to develop and separate himself on
14 his own, to realize that adolescents have to
15 relinquish dependence on parents for emotional
16 support, and adolescents have to learn to face
17 self-esteem on their own achievements.

18 Adolescents have to learn to
19 get along with people on their own, and to
20 develop confidence in their own adult functioning,
21 and what is happening, unfortunately, today, in
22 my observations with those involved in drugs,
23 is when they get these adolescent frustrations
24 and depressions and problems that are part of
25 growing up, when a generation ago you really
26 faced the problem, today we have so many escape
27 routes/through drugs, I really feel that a ruin-
28 ation of our society is going to come when we
29 see that our youth are not mature enough
30 physically to appreciate what life is all about,

1 that when they get a youthful depression, or frus-
2 tration, that they will take this unrealistic /^{escape}
3 route and as a consequence never get their balance.

4 And God help our society, and
5 our country, if this will be the future development
6 of our people, and this is why I am being so strict
7 on anyone who as a pusher, or a trafficker, or a
8 cultivator, is going to tear down the very work
9 that educators and parents, and responsible
10 citizens are trying to do.

11 THE CHAIRMAN: Mr. Shaw?

12 MR. SHAW: First of all, I
13 would like to direct a question if I may, to the
14 speaker, if this is permissible.

15 You say, Mr. Malloy, you stated---

16 THE CHAIRMAN: Excuse me, could
17 you speak closer to the microphone?

18 MR. SHAW: You stated that
19 traffickers should be dealt with, you know, that
20 there is nothing too strict for a trafficker.

21 In the case of marijuana,
22 to
23 according/most American-Canadian statistics, the
24 ages of the traffickers, they are young people, and
25 if it is true that marijuana would lead to the
26 destruction of our major resource, which is
27 youth, then I have a few questions on that.

28 For instance, are they aware
29 that they are doing this?

30 Now let us take it that it
would destroy them, all right? Are they aware

1 that they are doing this?

2 And second of all -- well
3 actually my first point was that they are
4 youthful, most of the drug pushers are youthful
5 as far as marijuana, and here is a very different
6 situation with marijuana, and I would say that
7 if you want to impose a very strict, and even
8 stricter, as you recommended, proposals for
9 peddling of hashish and marijuana, I would say
10 that you would end up with a jail for the
11 traffickers under the age of twenty-one, and I
12 would just like you to think about this.

13 BROTHER MALLOY: I would like
14 to think about it too, and I would like to remark
15 that anybody who is responsible for what they
16 are doing at this age -- I mention my preamble,
17 talking of my own experience dealing with few,
18 certainly less than ten, who had been involved
19 with drugs in British Columbia, but I have found
20 in those cases, as youthful as they were, that
21 there was someone older than them responsible.

22 MR. SHAW: Was this
23 marijuana?

24 BROTHER MALLOY: It is
25 marijuana, but these people had gone to something
26 else.

27 We were talking about the
28 Northwest, and the whole West Coast, what comes
29 into California and so on, this is really master-
30 minded by adults.

1 MR. SHAW: You are wrong, Dr.
2 Malloy. I lived there. I know.

3 BROTHER MALLOY: Well you lived
4 there.

5 MR. SHAW: Yes, yes, and out
6 of ten cases you can state this, and I would like
7 to know altogether in your last statement, as to
8 what life is all really about, maybe it is perhaps
9 taking marijuana, if you ever give it a thought.

10 I am not putting this as my
11 opinion -- but you might give it a thought, and to
12 understand very well what life is all about, that
13 is why they are using drugs.

14 BROTHER MALLOY: I disagree with
15 the speaker, as far as anyone who is involved with
16 youth, parents, teachers, who find it is a time that
17 youth need to be guarded more closely.

18 Certainly it is a time when
19 youth are breaking away from their parents, and
20 becoming more emotionally secure.

21 This is true. They are developing
22 their personalities. But at the same time, by the
23 same token they are not to be interfered with by
24 pushers of marijuana, or any other drug, and I think
25 again with respect to the past speaker that it is
26 this kind of impression that annoys me that such
27 persons are able to go out and propound in their
28 rather glib way, what they consider to be such an
29 important part of the development of youth -- although
30 he hadn't said it in the exact words -- that we allow

1 this freedom to be exercised.

2 Youth have enough problems to
3 just breathe, and live, and develop normally, without
4 having the added problem of drugs hoisted upon
5 them by adults.

6 MR. STEIN: Could I ask you,
7 you mentioned that two or three years ago here in
8 St. John's, there was no drug problem, and earlier
9 we heard, right at the beginning of the day, that
10 alcohol has always been a very serious problem here
11 in Newfoundland, and continues to be, according
12 to representatives of the Foundation, an even more
13 serious problem.

14 Do you not include alcohol as
15 a drug?

16 We have run into this question,
17 of this kind of distinction all across the country.
18 There are persons suggesting there is a new
19 phenomena in drug use, and you are suggesting that,
20 and you think they may go on to something.

21 Do you think this is true?

22 BROTHER MALLOY: I think alcohol
23 is always here, but really I think in all honesty,
24 referring to my own youth, and having taught here
25 in the '50s and early '60s that we did not have
26 the same problem with alcohol, that we do now.

27 Alcohol is certainly a bigger
28 problem. I did not mean to imply that I was
29 separating one from the other.

30 But as Dr. Isaac indicated this

1 morning, we have always considered alcohol to be
2 one problem, and drugs, and only lately of course,
3 to be a problem, and it is only now we included
4 both in the problem.

5 THE PUBLIC: Marijuana has been
6 there for at least a thousand years.

7 BROTHER MALLOY: Marijuana was
8 actually here for 3 thousand years before the
9 birth of Christ, the Chinese were on marijuana, yes.

10 MR. STEIN: Would you consider
11 to your recommendation for increased penalties to
12 people who are providing trafficking, in effect,
13 would you consider the same kind of penalties for
14 persons to be giving alcohol to persons under twenty-
15 one.

16 I assume the age is twenty-one
17 here?

18 BROTHER MALLOY; Twenty-one
19 here, yes.

20 I think any adult, and I use
21 the word adult, perhaps to correct myself if I
22 have made any impression that youth are the one pushing
23 it because I think we are dealing with some persons
24 who are corrupting, them. However we deal with
25 pushers.

26 MR. STEIN: Just for example,
27 a nineteen year old youth who gives some alcohol
28 to a seventeen year old youth, because according
29 to the trafficking laws under the Narcotic Control
30 Act, there is no distinction made between a gift

1 or a sale.

2 Would you feel that this is
3 also appropriate concern for the law?

4 BROTHER MALLOY: Are you still
5 referring to alcohol?

6 MR. STEIN: Yes.

7 BROTHER MALLOY: I would say
8 that an adult giving alcohol to youth, certainly
9 has to be punished.

10 MR. STEIN: And a 19 year old?

11 BROTHER MALLOY: There comes a
12 point in a boy's life when he is twenty-one the
13 next morning, you know, the whole point doesn't
14 come down to the point where you have adults with
15 adults responsibility who are responsible for running
16 lives of younger people.

17 Now, wherever this particular
18 thing comes in, you know, I am not prepared to say
19 just where does a person take on adult responsibility.

20 If it is a matter of age, well
21 in this Province it is twenty-one. If we are going
22 to get into the idea of eighteen being the legal
23 age, then it is going to be eighteen.

24 But I think any person who can
25 be responsible and who can be treated as an
26 adult, and who, as an adult is responsible for
27 hurting the development of youth, that person has
28 to be treated in the same way, sure.

29 THE CHAIRMAN: Gentleman at the
30 microphone?

1 THE PUBLIC: I wonder if I
2 might speak again?

3 Brother Malloy, listening to
4 your statements I have only one criticism to make,
5 and this was that you placed -- I don't want to
6 sound as if I am harping on this, but you placed
7 marijuana and LSD sort of in the same classification
8 three times.

9 You said LSD and marijuana. And
10 I don't think you can take these two drugs, and put
11 them in the same class, because they most definitely
12 are not in the same class.

13 Now I would like to speak now
14 for just a moment, about marijuana and hashish.

15 Last night I addressed, or
16 not addressed, I interviewed a "Blues" singer here
17 in St. John's, and I asked for his opinion of
18 drugs, and he made one statement that impressed
19 me very much, and this was, that right now the
20 use of marijuana and hashish and LSD, and all
21 these drugs, is illegal.

22 And while it is illegal, nobody
23 has any right, technically, to use these drugs
24 unless -- it is not an excuse unless they want to
25 take a stand, one way or the other.

26 I think that marijuana, and LSD,
27 -- pardon me, marijuana and hashish are two drugs
28 -- as you say, they have been used about four
29 thousand years before Christ, and in Turkey now
30 they use it, you know.

1 I can see a day, where you go
2 to some person's house, and they say, "Would you
3 like scotch and water? Would you like a beer?
4 Would you like some hash?" I can see that, I really
5 can see that.

6 But there are going to have to
7 be some definite restrictions on it.

8 Dr. Boddie made a statement
9 here, that youth, adolescence is such a mixed up
10 time of a child's life, in a youth's life, where
11 he goes through some pretty radical changes, and
12 I think that these changes are effected in any way
13 by hashish, or marijuana, whereas he may become
14 dependent on it for one reason or another, that
15 our society is going to change from the person who
16 grows up to ~~and~~ to the age of twenty-one or twenty-
17 two, as a regular person, and then maybe uses these
18 drugs, whereas a person who is fourteen, fifteen,
19 or sixteen, and uses the drugs, then his outlook and / way
20 at looking at things is changed.

21 But I think the reason -- I don't
22 think anybody can come out and say, "Well as far as
23 pushers are concerned, nobody can really condone a
24 pusher, or somebody who is trafficking", because

25 Mr. Shaw, what pusher can
26 determine in a person the basic insecurity, and the
27 basic instability that is the cause for people
28 becoming so messed up on these drugs?

29 If you feel you are qualified
30 to determine this basic instability in people, then

1 I say you go right ahead, and you push to these
2 people.

3 But if you cannot determine
4 that you have no right to give this to a person
5 who might become thoroughly messed up by it I
6 don't think even a doctor can look at a person
7 and talk to him for five minutes, and tell
8 exactly how basically insecure and stable this
9 person is.

10 THE PUBLIC: Are you speaking
11 about LSD?

12 THE PUBLIC: I am speaking about
13 LSD, marijuana, the whole works.

14 Can a marijuana trafficker or
15 pusher look at a person that he is going to sell
16 to, and say, "You are insecure, and if I sell
17 you this, you are going to get messed up." Can
18 you do that?

19 THE PUBLIC: Most of the people
20 who push pot, in my experience, (inaudible)

21 THE CHAIRMAN: Could you come
22 to the microphone, Mr. Shaw?

23 We are having difficulty.

24 MR. SHAW: I didn't want to
25 make an issue out of this, but I think I am being
26 just not interpreted quite properly.

27 Most people who get high together
28 on pot and hash, know one another, they have been
29 high together, they know the effects of one another
30 between themselves.

1 Now, if you go, and you buy
2 wholesale a one ounce piece of hash because it is
3 cheaper that way, and you have four or five
4 friends which you are used to associating with,
5 and you split this up in pieces and they reimburse
6 you, because you can't -- it's just like everything
7 else with a bottle of liquor, you are not going
8 to give away the liquor you buy, unless you can
9 really afford it.

10 Now, these are the people who
11 are getting busted for pushing. I have yet to read
12 about some nice big traffickers coming through those
13 big borders.

14 THE PUBLIC; What about the guy
15 in Seattle that was picked up with two tons of
16 grass on his plane?

17 THE PUBLIC: He was caught.

18 MR. SHAW: That is not as
19 common.

20 THE PUBLIC: What I am trying
21 to say to the Commissioners, without getting into
22 a hassle with anybody, is that eventually I think
23 somebody is going to place restrictions on marijuana
24 and hashish.

25 I can eventually see it being
26 used commonplace, as liquor is used now, because
27 it has reached a point where it is being used by
28 just about everybody you can think of, in all
29 walks of life.

30 These people are using it. I

1 don't think youth should be permitted to use it,
2 because as I say, and as Dr. Boddie said, this
3 may change the way they grow up, their outlook
4 on things.

5 But I think this person is
6 mature enough, but once again, who can determine
7 maturity.

8 MR. SHAW: Are you talking
9 about marijuana?

10 THE PUBLIC: I would just
11 like to ---

12 THE CHAIRMAN: Just a minute.
13 We can all come to the microphone, and we can
14 all have our turn.

15 Go ahead.

16 THE PUBLIC: I am not condemning
17 the drugs. You know, I wish people would get that
18 into their heads. I am not condemning the drugs,
19 I am not condoning the drugs, because nobody knows
20 enough about it to either condemn it or condone it.

21 All I am saying is, and this
22 is my observation and opinion, I think eventually
23 that some sort of government restriction should be
24 put on the drugs so you can go to your Board of
25 Liquor Control, or your Board of Drug Control,
26 whatever it is, and say, "Could I have an ounce of
27 Lemon and Gold please," whatever you want, and,
28 you know, that is restricted that way, and eventually
29 we hope, or we assume, that a person who is old
30 enough to buy the / drug is stable enough to be able

1 to use it, and not get messed up by it.

2 I think one of the reasons
3 people do get messed up, and when I say messed
4 up, I mean psychologically dependent on it, and
5 that is a pretty real thing too.

6 I think that one of the
7 reasons they do, is because there are these
8 harsh, harsh restrictions on it, and, well, that
9 is heavy stuff when a guy can be put in jail for
10 seven years for possession, this is crazy.

11 A fourteen year old girl who
12 decides to try it, and gets stuck in jail, and
13 that's dumb. And I think any dumb society that
14 can do that, boy, the law has got to be changed,
15 really.

16 And I think that education
17 which is the one big thing people have been
18 talking about here, education as to what
19 happens to it, and so on and so forth, should be
20 looked into deeply, but I do think that the
21 restrictions should be there, there should be
22 definite restrictions on marijuana, and hashish,
23 for youth.

24 But I think when a person is
25 stable enough, basically stable, not that can get
26 up and speak in front of people and things like
27 that, but basically stable down inside, and has
28 the maturity to use the stuff -- of course who
29 has maturity -- look at the winos in Vancouver.

30 DR. LEHMANN: Do you have in

1 mind something, and I mean this seriously, nothing
2 facetious, like a driver's license.

3 In other words, someone might
4 obtain these drugs if he can produce a certificate.
5 However, this may be determined, I don't know,
6 through tests, psychological, psychiatric examination,
7 what have you, but that once a person is certified
8 as such, then he may, like a driver's license for
9 a car now, he would have the right to obtain these
10 drugs and not otherwise.

11 Is this what you have in mind?

12 THE PUBLIC: Yes, that would
13 cool.
14 be really / Like go to your psychiatrist and,
15 you know, something has got to be done, because
16 there are too many people who are using the stuff,
17 you know, I think that would be great.

18 Go to your psychiatrist, and
19 somebody who knows what he is doing ---

20 DR. LEHMANN: A "Tripping
21 License."

22 THE PUBLIC: Right. License
23 to trip.

24 DR. LEHMANN: That is a controlled
25 use of drugs, that people who need it or want
26 it, who can handle it, would be given permission.

27 THE PUBLIC: If I could say
28 something to that.

29 I would just like to say what
30 the committee from the University proposed in their
brief to the Commission, that a moratorium be set

1 up on drugs.

2 THE PUBLIC: If this is what
3 the brief has said, I agree with them wholeheartedly,
4 I really do.

5 But I would just like to see
6 some sort of restriction put on it like this. Like
7 I have been with these people when I was in
8 Vancouver one time, pretty down and out, you know,
9 sleeping wherever you could sleep, sleeping on
10 beaches, and you get to see people, and to meet
11 people who have really been affected terribly by
12 these drugs, you know, kids who have run away from
13 home and they immediately turn to something to give
14 them a release from all this, and the release
15 starts off with grass, and you know, you go from
16 grass to hash, and you know, right up the chain,
17 and I think this is why there are so many heroin
18 addicts in the world right now. Especially in
19 Vancouver.

20 I am not sure of my statistics,
21 but in Vancouver, as I understand, there are three
22 thousand eight hundred junk addicts in Canada, and
23 two thousand eight hundred in Vancouver.

24 I have got nothing against
25 B.C., but if I had more money, maybe I would have
26 liked Vancouver, but I didn't like it, sleeping
27 on the beaches.

28 Anyhow, this is what I would
29 like to see, restriction such as this, a Tripping
30 License, where you can go and buy your grass or

1 your hash, and go home and do it up, and great.

2 No, you are not going to get
3 messed up, as long as your psychiatrist, who
4 supposedly would be very competent and would know
5 exactly what he is doing.

6 I wouldn't like to -- I imagine
7 you are going to get things like fake licenses,
8 and so on, and then you are going to get the
9 weirdos, and then, you know, the guys that are on
10 the streets.

11 I can't conceive -- right now
12 we have winos and things like that. I can't
13 conceive of grassos or hashos, for want of a better
14 name, people lying in the streets and dying for
15 some grass. I can't see this at all.

16 But these are my recommendations,
17 this is what I would like to see, but I do think
18 a definite restriction should be placed on the use
19 of grass and hash, and I should say these two.

20 LSD and acid, I think you should
21 take it all and throw it in the ocean.

22 THE CHAIRMAN: Brother Malloy,
23 did you have something more you would like to say?

24 BROTHER MALLOY: No, just to
25 make a comment, that if we throw it in the ocean,
26 we already have a pollution problem.

27 There is one thing, you know
28 this idea of money came on -- if I recall, don't
29 quote me on this one, but if I recall there is
30 something like sixteen thousand dollars of marijuana

...sold per month in Seattle, Washington, and that is not an after-school job.

THE CHAIRMAN: Thank you very much.

The gentleman at the microphone?

THE PUBLIC: Yes, I have written a few things down, because it is something of an abstract idea, and I want to get it pretty straight.

With reference to an earlier question posed by one of the Commission members, with regards to marijuana, I think it is limited to that, I am not sure, and its social implications and legality of control, I interpreted the questions somewhat differently to Dr. Boddie.

I think we are talking here of the changes of social mores and if people are disturbed by the apparent destruction of things like the protestant work ethic and its connection to the use of marijuana, they they have no right to constitutionally or morally allow that to affect that to the degree of the law. We are talking of something much larger here, the right to use the law to forcibly contain a philosophy and since many people associate marijuana with this philosophy, they attempt to use the law to contain it. In determining the justice of the law, this should not enter the picture.

MR. STEIN: Supposing along the lines of what you are saying, are you suggesting that the legislation is really directed towards the question of a person's productivity although it's in a subtle form?

1 THE PUBLIC: Yes, if that's
2 the subconscious, that is what people think.

3 People are naturally afraid
4 of us.

5 MR. STEIN: So if there is
6 going to be a law, and I don't want to put
7 words in your mouth, but if that were the case
8 and I realize this is just a hypothesis, but then
9 the law ought to read that it is illegal to the
10 non-productive in economic terms.

11 THE PUBLIC: I think that is
12 what people would try to make it, yes.

13 That is a pretty serious thing
14 when you come to think of it.

15 Marijuana, which is really what
16 I am talking about, it has not been proven sub-
17 stantially anyway, it is not something that dulls
18 a person.

19 In intelligence tests given, I
20 think at Simon Fraser, the results in no case --

21 to get this straight, you see when
22 people were given intelligence tests straight and
23 stoned, in no case in comparing the results, was
24 the mark, I think mark is the word, lower when
25 the person wrote the test on marijuana.

26 In some cases it is higher.

27 MR. STEIN: I think you are
28 referring to an experiment done in Boston last
29 year.

30 There has not been anything

1 in Canada until very recently, only in the last
2 month or two, in relation to experimentation
3 directly with humans, and this study you are
4 referring to has been with a very, very small
5 sample, but that was -- I am quite sure he is
6 referring to the Boston Study.

7 THE CHAIRMAN: He said
8 Simon Fraser.

9 MR. STEIN: No, I am suggesting
10 to him, that must have been incorrect, because
11 there have been no studies in Canada with human
12 subjects until just very, very recently, and I am
13 not sure that they would even be done yet.

14 THE PUBLIC: Well why I
15 mentioned that in connection with productivity,
16 is if the -- if the productivity is being destroyed,
17 it is not due to the fact that people are being
18 dulled, it is due to the fact that people are being
19 more intelligent.

20 THE CHAIRMAN: Thank you.

21 We call now on the Newfoundland
22 Medical Association, please.

23 Gentleman at the microphone?

24 THE PUBLIC: I would just
25 like to say that I was watching T.V. once, not
26 very long ago, and there was a Canadian show, and
27 they had this thing on about this cat on marijuana
28 and the cat went sort of mad.

29 I mean, it is sort of foolish
30 that people would do this, and judge it with humans.

1 I mean, if you are an animal
2 that had no logic and could not figure things
3 out, and had no reason, of course you would go
4 mad too.

5 I am saying it is not logical,
6 I mean it is not logical that they should lump
7 those things together.

8 MR. STEIN: You mean a cat "cat"
9 not a "cat."

10 THE PUBLIC: I mean a pussycat.

11 DR. PARSONS: Mr. Chairman
12 and members of the Commission, I am Dr. Parsons
13 -Elect
14 President/ of the Newfoundland Medical Association,
15 and I am presenting this brief on behalf of the
16 Newfoundland Medical Association, a Division of
17 the Canadian Medical Association, representing
18 375 physician members here in Newfoundland.

19 Our Association regrets that it
20 does not have the resources to present an original
21 brief, but we feel that this matter under inquiry
22 is of such importance that we should come before
23 you, to indicate our support and concurrence of
24 the Canadian Medical Association's Interim Brief
25 which was presented to you in November of last year.

26 We would like again, to
27 reiterate the concern we have in subjects well
28 known to the medical profession, related to the
29 use and abuse of alcohol, tobacco, barbiturates and
30 stimulants, such as amphetamine and other drugs,
such as aspirin, antihistamines and other sedatives,

1 some of these points were stated earlier by
2 Mr. Flight.

3 A new perimeter has recently
4 appeared in the introduction of that group of drugs,
5 distinguished by their ability to alter mood,
6 and behavior, especially in adolescents and young
7 adults, and these are outlined in the C.M.A.
8 brief.

9 Here in Newfoundland, as has
10 been mentioned before, this is a new factor in
11 medical practice, and one which the medical
12 profession, with some exceptions, are not familiar
13 with, except in casual reading. This was pointed
14 out by Dr. Boddie.

15 It is unfortunate that those
16 who have used the drugs have avoided medical
17 advice and the use of the drugs may have been
18 present for a long time before the medical
19 profession were aware of it.

20 Some of these drugs are far from
21 harmless, as has been stated, and the unknown
22 nature of some of the mixtures that are available
23 indicate the dangers involved with this experiment-
24 ation.

25 There has been a lack of
26 knowledge on the effects of these drugs. We hope
27 that our Association can help by disseminating
28 the knowledge of the acute and long-term effects
29 of these drugs to its members.

30 However, we are also aware

1 that many facets of the effects of these drugs
2 are unknown, and I would like to take the liberty
3 of reading from the C.M.A. brief, as follows:

4 "In our opinion, the effects
5 of the long-term use of cannabis are unknown.
6 We are singularly unimpressed with the inadequate
7 scientific evidence used to substantiate the
8 extreme range of opinions from, 'Marijuana is no
9 more hazardous than alcohol' at the one end, and
10 to 'The use of marijuana leads to the use of hard
11 drugs and the resultant effects' at the other.

12 "As outlined in detail in this
13 brief, control must be retained and the use of
14 cannabis discouraged, since our knowledge of its
15 effect on a short and long-term basis is so
16 inadequate. The catastrophic results of allowing
17 the use of substances without full knowledge of
18 the results, such as we have experienced with
19 tobacco and thalidomide, must be avoided.

20 "And again, the Association
21 wishes to express its concern regarding the
22 relative inadequacy of accurate scientific
23 information on this subject. There is a paucity
24 of professional and public education programmes
25 and printed material available on non-medical
26 drug use. Research into and the dissemination of
27 information about mode of action, effects and
28 medically unsupervised use of these drugs, has
29 not kept pace with the rapidity of the development
30 and spread of their use."

1 On behalf of the N.M.A., we wish to support
2 the recommendations put forward in the C.M.A.
3 brief, and finally sir, I would like to underline
4 these, which I expect you already know of.

5 One of them is the consideration
6 of the establishment of regional bodies, of a
7 multi-discipline nature, including health, education,
8 legal and legislative, judicial and law enforcement
9 agencies, in order to marshall information from
10 all groups and apply this information to the problems
11 of non-medical drug use.

12 All community agencies, social
13 workers, clergy, educators, sociologists, and,
14 especially, youth, must have access to this body
15 and play a vital role in it.

16 The C.M.A. proposes to initiate
17 a national professional review of the current
18 use of stimulants and sedatives in medicine.

19 We agree, that a complete
20 rethinking of current drug categorization,
21 legislative control, penalties and enforcement
22 procedures should be undertaken; to quote the
23 brief: "In present legislation, society has
24 probably failed to recognize that it is not
25 just dealing with a problem of drugs, but with
26 one of users."

27 We concur with the commendation
28 of the Federal Government, Department of Consumer
29 Affairs for its interest and action to date,
30 regarding the control of hazardous materials.

1 Within the medical profession,
2 much more extensive education regarding non-medical
3 use and effective acute and long-term treatment
4 is required.

5 I would stress that this is
6 especially appropriate here in Newfoundland, where
7 it seems, all of a sudden the problem is on us.

8 We were aware of the problem
9 elsewhere, but I fear that many of the profession
10 took an ostrich-like stance, having read of this
11 problem elsewhere/^{but} did little to prepare ourselves
12 for its introduction, hoping that it would never
13 affect our insular practice.

14 Dr. Boddie referred to this
15 previously, and I certainly support what he said.

16 The profession is well aware
17 of the psychological, social and medical implications,
18 of alcohol, barbiturate , amphetamine abuse, as
19 well as other drugs, but were ill prepared with
20 first hand information on other non-medical use
21 of drugs listed here.

22 We also concur with the urgent
23 need for widespread public education and active
24 support for those engaged in these programmes.

25 We concur that legislation must
26 take into account the reality that the drugs will
27 be available and must, therefore, be coupled with
28 general education, as noted.

29 Immediate steps should be taken
30 by Government, to initiate, encourage and support

1 research into all the drugs referred to, and into
2 all matters pertaining to their use on a short
3 and long-term basis.

4 We concur with the need for
5 greater in and out-patient psychiatric facilities,
6 both for emergency and long-term treatment, as well
7 as improvement in medical treatment, co-ordination,
8 communication, rehabilitation and referral services
9 in relation to users of these drugs. This also
10 includes ancillary facilities, including laboratory
11 services.

12 This was referred to by Dr.
13 of
14 Boddie, and on asking various/my colleagues, seeing
15 people have been using these drugs, very few of
16 them seem to have come in contact with these
17 people.

18 Some of the reasons were
19 pointed out earlier this afternoon.

20 The distribution of "over the
21 counter" drugs, as outlined by Mr. Flight, requires
22 more adequate control.

23 We feel that the formulation,
24 promotion and distribution of these materials
25 should be subjected to a detailed review by the
26 Department of National Health and Welfare's Food
27 and Drug Directorate, in co-operation with the
28 Canadian Drug Advisory Committee.

29 The inappropriate and often
30 dangerous use of these products is widespread in
Canada. '

1 Bromides, antihistamines, and
2 many cough and cold remedies have sedative and/or
3 stimulant properties.

4 Intoxication by self-administration
5 has become sufficiently common to warrant concern.

6 On behalf of the Newfoundland
7 Medical Association, we respectfully submit our
8 concurrence with the C.M.A. Interim Brief.

9 THE CHAIRMAN: Thank you very
10 much, Dr. Parsons.

11 DR. LEHMANN: Just one
12 specific question, with regard to one of the last
13 recommendations, or remarks you made.

14 Have you personally, or in
15 the experience of the medical profession here, have
16 you seen many adverse effects of "over the counter"
17 drugs, such as antihistamines, for instance?

18 DR. PARSONS: Not in my
19 personal experience.

20 Aspirin was about the one drug
21 or the various compounds of aspirin, that we have
22 had some experience with.

23 DR. LEHMANN: With children
24 mainly, I suppose?

25 DR. PARSONS: And in adults.

26 DR. LEHMANN: As in suicidal
27 attempts?

28 DR. PARSONS: Suicidal
29 attempts. Wintergreen is one of the favourite
30 substances here, and also there is the long-term

1 -- and also there is kidney damage from aspirin.

2 THE CHAIRMAN: Thank you
3 very much, doctor.

4 Is Dr. Preston here from the
5 Students' Council Federation?

6 THE PUBLIC: Dr. Preston was
7 here. My information was that he would be here
8 at 2:30, and he had another meeting to go to.

9 He did not have a brief. Several
10 members of the Counselling Centre are here, and
11 our main interest in coming, was in coming and in
12 listening.

13 We didn't have a brief prepared.

14 THE CHAIRMAN: Mr. Neil
15 Curtis of the Newfoundland Pharmaceutical Association?

16 Is Mr. Neil Curtis here?

17 Gentleman at the microphone?

18 THE PUBLIC: Mr. Chairman, I
19 was just wondering, one question I would pose, most
20 of the evidence today, has been concerning about
21 drugs and laws, and concerning the drugs that
22 have been used by youth. Youthful tendencies.

23 Have there been any briefs
24 which don't feel the drugs and the other five
25 percent on alcohol, and maybe five percent on
26 nicotine.

27 Have there been any briefs
28 submitted dealing with putting nicotine or
29 alcohol under the Narcotic Control Act, or
30 dealing mostly with youth tendencies and drugs.

1 THE CHAIRMAN: I don't recall,
2 we certainly have had briefs emphasizing the
3 importance of alcohol in this whole picture,
4 and I guess in every province we have heard from
5 the Alcohol Foundation.

6 You don't always have the
7 combined body of the Alcohol Addiction Foundation,
8 as you do here, but I don't recall at any time
9 a submission that alcohol -- a submission from an
10 institution or body that alcohol be put under
11 prohibition.

12 Do you recall any?

13 Yes, I think a few individuals
14 have come forward, and say alcohol should be prohibited.

15 THE PUBLIC: What about
16 nicotine and cigarettes?

17 THE CHAIRMAN: I don't recall
18 any such proposal for nicotine, no.

19 THE PUBLIC: So most of the
20 briefs have been dealing with youth, and have been
21 presented by people over twenty-five then?

22 THE CHAIRMAN: No. Well, I
23 have to answer -- there are two parts to your
24 question. The first part, most of the briefs
25 have been on use, did you say? About youth?

26 THE PUBLIC: Well, youth ---

27 THE CHAIRMAN: Dealing with
28 youth, yes.

29 I think it would be fair to
30 say that most of the briefs have tended to focus

1 concern on non-medical drug use, by youth.

2 I think it is probably fair.
3 That has been the emphasis in the briefs. And
4 a number of briefs have emphasized to us, that
5 there must be a broader thing, and effective
6 drug use by youth.

7 We have had this comprehensive
8 view of things emphasized. The second part of
9 your question is, no, we would say we have heard --
10 we have received a lot of briefs from youth, and
11 youth has been very, well I think I can say,
12 well represented, very eloquent and quite
13 courageous, I think, in its candor, and it has
14 helped us.

15 So I think if you can say
16 anything about the relative proportion of
17 representation, it might be that youth has
18 been heard from, more than adults. Although we
19 have invited of course, everyone who has submitted
20 views.

21 THE PUBLIC: I have just one
22 more question. Have any of the members of the
23 Commission used drugs under the Narcotics Act,
24 such as marijuana, or acid?

25 THE CHAIRMAN: Well, I don't
26 think that we should answer that question.

27 Not because I have any particular
28 knowledge to the answer -- to answer, but I don't
29 think it would be proper of us to answer that
30 question.

1 We have a public responsibility.
2 It has nothing to do with us personally. We have
3 to bring our independent judgement to bear, as well
4 as we can, after hearing the evidence, as fully
5 as we can.

6 We are not going to base our
7 judgment on individual experiences, this would be
8 completely unscientific.

9 Our only experience, if we have
10 -- even if we had any, might be very particular.
11 One of the things we have learned about these
12 drugs, and that is what we have been told by
13 other
14 scientists, and/users is that they depend, the
15 effects depend on a lot of variables, they vary
16 according to personality of the user, according
17 to his expectation, according to circumstances
18 under which they are taken, and in many cases they
19 are a learned experience, and initial experiences
20 are not what they were expected to be and so on.

21 So to take an individual
22 experience, and contribute evidentiary value to
23 that, and to base conclusions on that, would I
24 think, be a very unscientific approach to our task.

25 So that I personally feel that
26 personal use, insofar as the Commission is concerned,
27 is not a relevant matter.

28 But I know we have other views
29 expressed of this, so I recognize this.

30 THE PUBLIC: I just wondered
 because there have been many Commissions set up here

1 and in the States, and in Britain, in which you
2 have got people who aren't aware, they don't
3 deal with the people personally.

4 They have been appointed by
5 the government.

6 THE CHAIRMAN: I think we can
7 say we have done our best to listen to users. We
8 haven't just listened to people who have come in
9 official capacity.

10 And the public inquiry method
11 is only one part of our approach to this inquiry.
12 We are having a lot of ^{private} hearings with individuals,
13 and we have spent many hours collectively and
14 individually with users.

15 And insofar as we can understand
16 this phenomena from listening to people, I think
17 we are doing our best to listen to everyone, and
18 seize every opportunity to hear from individuals,
19 under circumstances in which they can speak very
20 freely to us.

21 Yes, the gentleman at the
22 microphone?

23 THE PUBLIC: Mr. Chairman, my
24 name is Wyatt, and I am a dental physician.

25 I just recall, while Dr.
26 Parsons was speaking, and Dr. Lehmann asked him
27 a question about the use of "over the counter"
28 proprietary drugs.

29 I had a case last year,
30 involving one such drug. And only in the past month,

1 I believe in the C.M.A. Journal, there was a case
2 report, in which it was said to be the first
3 report of the use of gravol as an hallucinogenic
4 agent.

5 Last year I had
6 a case of gravol intoxication, and it was very
7 impressive in its hallucinogenic effect, and the
8 dose taken.

9 The dose was roughly a hundred
10 times the recommended dose for, induced for
11 controlling nausea.

12 A single dose of that nature
13 lasted for some four to five days. The very
14 frightening aspect in the case, was that the
15 individual experienced a very marked rise in
16 blood pressure, which persisted for a long, long
17 time.

18 There were encephalographic
19 changes which persisted for some months, in that
20 patient.

21 We don't know for sure, whether
22 those changes were present before the ingestion of
23 the drug. Unfortunately, we didn't have an EEG
24 done in the pre-ingestion state.

25 We had to assume that these
26 were due to the effect of the drug,
27 side
28 but all the particular effects of an overdose of
29 antihistamine were present.

29 Some of these, I think, were capable of
30 long-term physical damage.

1 But I was really frightened as
2 I listened to the story of the hallucinogenic effects,
3 because the individual became not dangerous to
4 others so much, but really he was put in a position
5 where he was threatened by ordinary things in his
6 daily experience, which may have led to his own
7 destruction.

8 And throughout my experience in
9 dealing with people using hallucinogenic drugs,
10 both "over the counter" and so called illegal
11 drugs, I have been very worried about what might
12 happen to the individual, because of his altered
13 perception, time and space relationships, and
14 impression of physical size.

15 For example, one of the character-
16 istic effects apparently of antihistamines taken
17 in large doses, is that the individual begins to
18 have a distorted perception of his own body image,
19 and one individual I spoke to, said that he felt
20 big enough that he could stand out in street and
21 stop traffic with his chest.

22 This frightened me, because he
23 might try it sometime. And he just might do this
24 on a street that was busy with traffic.

25 He might be struck by a driver
26 who was perhaps impaired, or by a driver who didn't
27 have time to take avoidance actions.

28 And while it is difficult for
29 us to conceive^{of} a way to control the illegal use
30 of hallucinogenic agents, how can we make laws

1 that will prevent people from doing what they
2 want to do anyway, in many cases.

3 I think those of us who have
4 an opportunity to observe some of the adverse
5 effects that go on, should do all we can to
6 impress upon everyone we see, that they may be
7 doing harm to themselves in other ways, than in
8 just the plain sociological widespread effects
9 of the use of illegal substances, what ever they
10 are. It doesn't matter whether it is alcohol,
11 drugs, tobacco, anything. But these things have phy-
12 siological effects on the individual using them,
13 and they may lead to other things.

14 We don't know enough about
15 this, none of us are able to get up on a pedestal
16 and tell the other fellow what to do.

17 But when we see something
18 detrimental, I think we have got to make it clear
19 that we don't like this to happen to people.

20 If we didn't have any concern
21 for human lives, we wouldn't be having this
22 inquiry.

23 And again, as I say, I am in
24 a bewildered state, like Dr. Parsons said in his
25 brief, we didn't really get ready for it. We
26 knew it was happening in other parts of Canada,
27 and yet we weren't prepared when it came here.

28 It is partly our fault. We
29 should have known. When I was in medical school,
30 I wasn't given a single lecture about hallucinogenic

1 drugs as a social phenomenon. I mean, we were
2 taught about the over-dosage effects of tranquil-
3 izing drugs, sedatives and stimulants, and so on
4 as they applied to their use in psychiatric patients.

5 But we weren't given anything
6 that I recall, about the use of these drugs in
7 the general population without supervision, and
8 this is our big problem, I think.

9 That the unsupervised use of
10 any pharmaceutical agent, or any chemical agent
11 may be responsible for the altering of the function
12 of the brain to the extent that the individual
13 using it is no longer responsible for making sound
14 judgments about himself, and thereby becomes either
15 a threat to himself, or a threat to others, and
16 if this happens in one person it is not so bad
17 perhaps, but if it happens in a whole group of
18 people, it may lead to a generalized malfunctioning
19 in society as a whole.

20 Perhaps I am a little -- I didn't
21 prepare this, I just started to think about it
22 when I started speaking, but I think if any of you
23 in the audience who are physicians, who perhaps
24 get the feeling of what I say, because we see the
25 end results very often.

26 We don't see the fun of people
27 getting high together.

28 What we see are the people in
29 the outpatient department at three o'clock in the
30 morning, who have been injured, or who are unable

1 to cope with their own minds anymore.

2 At this point, they are reaching
3 out to us, or to somebody, to bring them back to
4 reality, or to restore their injured bodies, or
5 whatever it is, and this is really the tough part,
6 sometimes the heartbreaking part in our practice.

7 A lot of it, and perhaps we
8 are behind the times, but I would like to make a
9 plea for all in our profession, to get up to date
10 on this sort of thing, and to try hard to teach
11 people that there are lots of ways to get high,
12 without having to resort to agents which
13 may result in their own destruction.

14 THE PUBLIC: If I may make an
15 observation, Mr. Chairman, the speaker preceeding
16 Dr. Wyatt seemed to suggest perhaps there was an
17 undue emphasis on the drug use by youth.

18 I think it is, particularly
19 after Dr. Parsons presentation, that drug abuse
20 is not necessarily a phenomenon of youth, and
21 we know equally well that the use of alcohol and
22 tobacco is not necessarily an adult phenomenon.

23 There have been conducted,
24 studies which have indicated that junior and
25 senior high school students use alcohol in very
26 large numbers.

27 I think this raises quite a
28 problem for the Commission in a sense, that there
29 is probably far more involvement for you people
30 in making decisions after you have had these

1 hearings, with respect to the motivation, as far
2 as the use of these drugs is concerned, and any
3 legislation and any other measures which might
4 be contemplated in regard to the medical and non-
5 medical drugs, and that is, that it is not only
6 a question, surely it is not only a question of
7 maturity, because if we have, as Mr. Wyatt points
8 out, adults misusing drugs, it does seem to suggest
9 that there is another factor other than youth,
10 many other factors, than youth and adolescence.

11 Certainly those of us in
12 practice know quite well, that the exchanging of
13 prescriptions is a very common practice among
14 adults who have been given a stimulus of tranquil-
15 izers by their physicians.

16 I think it is a fair guess to
17 say, that the most common method of attempted
18 suicide is by tranquilizers, or sedatives prescribed
19 by doctors, so what I am really saying, is that
20 I have been listening to what has been said here
21 this afternoon, and the problem seems to be even
22 more complicated as to what goes on, not just in
23 with youth and immaturity, but we are dealing
24 with presumably many other factors.

25 Perhaps I wanted to express my
26 own doubts and just hearing this Commission has
27 started me thinking.

28 THE CHAIRMAN: Thank you.

29 The lady at this microphone.

30 THE PUBLIC: I am Dorothy Wyatt,

1 the other half of this Wyatt pair. I am a nurse,
2 and I have been at the University for six years,
3 with the young people, and I do have a great
4 respect for them.

5 I would like to say, that in
6 my examination of material and resource material
7 presented to me as a nurse, both in my education
8 as a general nurse in the hospital, and as a
9 university nurse, I did not see any evidence,
10 anywhere, to say that marijuana produced health
11 hazards.

12 We seem to be stressing this
13 to young people. I would suggest that perhaps
14 we could be losing their opinion, or their trust.

15 Now if we can't back this up,
16 I don't think -- you know it is one thing to
17 consider the law as being morally wrong.

18 The other thing to say, is that
19 it is bad for your health, when we haven't demon-
20 strated it to be.

21 Now, are they going to believe
22 us when we use this phrase. We talk about LSD.
23 We do have evidence that this is detrimental to
24 the health, but if we are going to classify
25 marijuana under the same clause, and say that it
26 is bad for your health, when we haven't proved it,
27 then they will look at us and say, "Well we can't
28 believe them."

29 Now I don't know anything about
30 marijuana, really. As a nurse I did not have much

1 training in this, and I am supposed to be very
2 current, 1969 graduate from Memorial.

3 This wasn't part of any more
4 than dealing with the results. There was no
5 thought, and I am not condemning the program,
6 because I think we are pretty much, the same
7 as other universities, but I am saying they are
8 not including this.

9 We are not reaching out in the
10 preventative stages. Now, I don't use marijuana,
11 and I have never seen it. But I may be faced with
12 looking after a patient, and all I know about it
13 is how you look after patients with D.T.'s or any
14 other problem.

15 But I do want to say, that as
16 a nurse I do not condemn any user of drugs, whether
17 it be marijuana, or LSD, or whether a patient has
18 V.D., or whether a patient is mentally ill, or
19 whether he has heart disease, or any other illness.

20 Now I think in that way, I kind
21 of look at things objectively.

22 But I do say to the young people,
23 that I would like you to help us.

24 Help us to educate ourselves.

25 As Don says, we have got to get
26 into this problem, and we are groping in the dark,
27 and perhaps we are sitting back on the sidelines
28 and saying, "Oh, they should do this, and they
29 should do that." We don't know.

30 And I don't speak for the whole

1 nursing profession, but I do speak as an individual
2 nurse, and say that I feel there is something here
3 we are not getting into, we are not helping young
4 people. It is a part of my profession to be involved.

5 I would therefore ask for their
6 help, to let us know how we can help them.

7 Now when I came down here to the
8 Non-Medical Use of Drugs, I had a couple
9 of other points, very brief. The whole conversation
10 has been around this area since I have come in, but
11 I think that there are about three points that I
12 have come across, as a nurse, if I may just make
13 them very brief.

14 One is, that I would ask that
15 drugs prescribed should be taken as directed.

16 What we are finding in nursing,
17 is that very often a person, particularly with these
18 new drugs, may feel better before the complete dose
19 was taken, and therefore they may discontinue taking
20 it.

21 Now they are not getting a
22 complete effect.

23 Number two, is that they would
24 sometimes save that drug, and later on, when they
25 have the same symptoms they would tend to take
26 this drug again.

27 I would like to bring to the
28 attention of the Commission, that this drug could
29 be deteriorated at that point, and be very harmful
30 and perhaps even lethal, and another point in

1 relation to that, is that people should never
2 give a drug to someone else, that has been
3 prescribed for them.

4 I believe this is reasonably
5 widespread in Canada, I don't know if you have
6 heard about it as you travel, but in nursing we
7 often find that a child has a rash, and they
8 had a prescription, and they are giving it to
9 somebody else with -- it is a completely different
10 clinical picture.

11 Now another point that I want to
12 make, is that many foods have additive vitamins,
13 we are and still hearing the general population of Canada
14 is still taking supplementary vitamins.

15 I think the whole point of
16 just putting this into the report, is that with
17 the added vitamins to many cereals and other foods,
18 and that people won't now -- who now want to take
19 vitamins should talk with their physician, because
20 the problem that has been identified is perhaps one of
21 over-vitamization.

22 This, I realize, is apart from
23 what we are talking about generally, but it does
24 come under the non-medical use of drugs.

25 The third one, we have drug
26 stores closing, they find it necessary to maintain
27 reduced hours.

28 The average person with symptoms
29 has nothing anymore -- we are used to running to
30 the doctor for everything, and running to the drug

1 store, and this is good -- yes, I recognize this.
2 And we have made people like this, both in nursing
3 and medicine, and our whole health education has
4 been geared to this.

5 But I think there are some
6 slight symptoms, we call it discomfort, where the
7 person cannot get some help.

8 Therefore, I think it is time
9 that in addition to preparing an emergency first aid
10 kit in your home, that you have a few basic things
11 for the treatment of these symptoms. A family can
12 check with their doctor to determine what should be
13 should be kept locked.
14 in this chest which/Now, another thing that
15 is available to Canadians is a universal antidote
16 for poisoning. I would suggest that every home have/
17 this.

18 And now I want to thank you for
19 your time, and ask the people, younger and older
20 people, to help us, because we need guidance.

21 THE CHAIRMAN: Thank you very
22 much.

23 Yes, gentleman at the microphone?

24 THE PUBLIC: Mr. Chairman,
25 Commissioners.

26 THE CHAIRMAN: Dr. (Pothel)

27 THE PUBLIC: Dr. Clarence
28 Pothel, Department of Health.

29 Mr. Chairman, as you know, we
30 haven't presented a brief from the Department of
Health, and as you know, we have many continuing
ways of relating to each other in terms of

1 information, and we have many opportunities in
2 the future.

3 We thought that this session
4 being so short, that it would be only fair for
5 us to give the maximum opportunity possible for
6 and
7 other individuals/agencies to have a chance to
relate to you people directly.

8 However, I thought it would be
9 unfair, if I didn't at least indicate a number
10 of people from the Departmental services are here,
11 and this has certainly provided us with a
12
13 tremendous opportunity to be educated ourselves,
14 and as advisors to the Department in various ways,
15 to be in a better position to give advice on the
16 basis of this opportunity.

17 If I might just react on two
18 or three things.

19 I think one point has been made
20 that is in terms of
all through the sessions, and/or what is meant by
21 education, in this field, what kind of materials
22 do we have for particular groups, how do we
23 disseminate it, and so on.

24 I think all of us realize that
25 a great deal of the material which is presently
26 being used, has some defects.

27 Looking back on some of
28 the things that I said myself a year ago, I would
29 have certainly much rather not have said some of
30 them.

1 And I think at this stage this
2 is something that is bound to happen.

3 What I really wanted to say
4 about this, was to indicate to you, that in addition
5 to what Dr. Boddie -- the submission Dr. Boddie
6 gave you, and I thank him for it, there is health
7 education within the Department of Health.

8 It has been building up fairly
9 extensive literature, and I think the sources
10 of material would be applicable to a very large
11 number of groups of people, from young people up
12 to adults, and people such as teachers, educators,
13 and so on, and in addition to that, a great deal
14 of professional literature and films.

15 And in fact, all of the agencies
16 that have already spoken here today, do have a great
17 deal of material also, and a great deal of this is
18 shared.

19 The other thing I would wish
20 to say, is that probably the time has arrived when
21 we should all, on various local ^{areas} be evaluating
22 more professionally, the kind of material that
23 we have, and probably giving more specific advice
24 to people who have made requests.

25 Mainly, what I wanted to say
26 was that several months ago, when we realized the
27 possibility that serious problems arising out of
28 the non-medical use of drugs had crept across the
29 Gulf, and in hoping that the Gulf would get a
30 little larger, and that it wouldn't happen, we

1 all knew that it would.

2 And certainly, I myself, was
3 very impressed with this on a recent trip that I
4 made on Mainland Canada, and in many of the Mainland
5 centres.

6 We have, within the last few
7 months, formed a small committee in the Department
8 of Health, consisting of the Chief Medical Health
9 Officer, and the Director of Public Education
10 Division, and we have been trying, in every way
11 we can, to get involved in the programs, the ongoing
12 programs, the educational programs that are going
13 on, and to try to understand ourselves and get some
14 idea of what other people think about the problems
15 involved here.

16 In other words, we have acted,
17 I hope, wisely, in staying our hand, and quite
18 frankly we are not too sure what we should be doing
19 anyway, but this committee -- soon we are planning
20 to enlarge this committee, and to bring in a number
21 of people from community agencies, and various
22 people who are interested in this scheme.

23 So that at least we can communicate
24 better with each other, and probably out of this,
25 come to some better understanding of the problems
26 involved,, and what to do.

27 I want to say one more thing,
28 and that is, some people have mentioned here today,
29 about the fact that there aren't many people who
30 really get in difficulty with drugs from the point

1 of view of needing medical hospital services.

2 Now it is unusual, probably,
3 for people to get in touch with a government agency,
4 and I want to say, however, that personally I get
5 quite a number of calls myself, from distressed
6 people, usually parents, whose children are on one
7 kind of drug or another, and is experiencing gross
8 behavioral/^{difficulty}and sometimes toxic reactions.

9 And they are calling for two
10 reasons. One, they are sincerely afraid, desperately
11 afraid that by mentioning it to somebody, that
12 they are going to get in trouble with the law.

13 But they do recognize the fact
14 that they need help. And I think that sometimes
15 we may overlook this.

16 I think there must be a great
17 number of people in the community, who do need help,
18 and who in fact are quite afraid, and quite unaware
19 of the fact that they can get medical help without
20 being involved with some legal problems.

21 I don't think there is anything
22 else to say, and I want to thank you very sincerely
23 for the opportunity of at least listening.

24 THE CHAIRMAN: Thank you,
25 Dr. Pockle

26 Gentleman at the microphone?

27 THE PUBLIC: Mr. Chairman, I
28 would like to know if I could go back to the letter
29 I gave you earlier, and my own testimony, which
30 will be public.

1 THE CHAIRMAN: Yes.

2 We were scheduled to adjourn
3 at 5.

4 THE PUBLIC: It will only take
5 fifteen minutes.

6 THE CHAIRMAN: We will take
7 as long as necessary.

8 Do you wish to make a submission?

9 THE PUBLIC: Yes, I do, some
10 personal submissions.

11 Also, I would like to know if
12 I could be seated.

13 And I would like to know, for
14 the benefit of the press, the letter I gave you
15 to corroborate what I am about to say, or at least
16 in the areas of what I am about to say, the two
17 sentences I put in parenthesis, if the press in
18 reporting what I am about to say, if they would
19 be handed that.

20 THE CHAIRMAN: Well, as I told
21 you, Mr. Shaw, I can not offer and give you any
22 guarantees of any kind, concerning publication as
23 to how your remarks may be reported, or what the
24 consequences of anything you may say, may be.

25 I don't want you to misunderstand.
26 You handed me a letter to indicate, as I understood
27 the general nature of the submission -- of the
28 subject matter of the submission you would like to
29 make, but there is no misunderstanding, as to what
30 consequence is made, as to what you say in public.

1 THE PUBLIC: What I am getting
2 at, is there is an acknowledgement by the Commission,
3 of the corroboration that what I am saying is from
4 the experience that is listed in that letter.

5 THE CHAIRMAN: Oh no, we can't
6 acknowledge it as corroboration.

7 THE PUBLIC: No, corroboration
8 as to the two sentences.

9 THE CHAIRMAN: The Commission
10 cannot acknowledge any evidentiary character.

11 We received a copy, and I haven't
12 got it handy, but you are referring to it, and I
13 didn't know you were going to refer to it this way.

14 But I received a letter, and it
15 is simply a copy of a letter which speaks for
16 itself, and I don't know what significance to
17 attach to it, and there is no question of being
18 able to assure any report of it.

19 As you know, Mr. Shaw, we
20 are empowered to take testimony anonymously, in
21 private.

22 THE PUBLIC: No.

23 THE CHAIRMAN: Would you just
24 let me finish, because you have chosen -- and I
25 don't express any hostility in my
26 remarks, but you have made reference to something
27 in my possession now, and I have to explain
28 our position, so there will be no public misunder-
29 standing.

30 We are empowered to take

1 evidence privately and anonymously, and withhold
2 the identity of witnesses, and we of course take
3 the most elaborate pains to preserve anonymity under
4 those circumstances.

5 We have also received a good
6 deal of correspondence in which we have/asked to
7 withhold identity, and we have taken the trouble to
8 withhold that identity from our records.

9 Now, this is open to you, but
10 we are a public body, with a duty to here inquire,
11 and you have a right to make a submission before us.

12 Now, if you choose, we are
13 empowered to hear you privately. But all I have in
14 my possession now, is a copy of a letter which
15 purports to be addressed to a person of your name,
16 as I understand your name, and it has -- I attribute
17 no evidentiary character to it, and it carries no
18 undertaking whatsoever by the Commission. It is
19 simply a communication you made to me, which I under-
20 stand was to indicate the general substance of the
21 letter to which you were referring.

22 THE PUBLIC: Yes.

23 THE CHAIRMAN: So you are here,
24 and are voluntarily free to make your submission
25 publicly, and the Commission will hear it.

26 THE PUBLIC: Could I then hand
27 this letter to the press?

28 THE CHAIRMAN: You can do/ what
29 precisely
30 you like. This letter is your property. I am giving
it back to you as your property.

1 THE PUBLIC: Thank you.

2 I want to preface this statement
3 with my opinion.

4 The rest will be fact.

5 The opinion from what I have heard
6 today, is the educators which are responsible, and
7 also feel they are adequate to teach, advise the
8 youths on drug use, have made a poor showing for
9 this Commission.

10 And, in my opinion, have failed
11 miserably in caring for the health and welfare of
12 this community, and its health and youth.

13 Now, the rest is fact.

14 Perhaps what I am about to say
15 may alienate me from any of my friends that I have
16 made here in the year in Canada, and perhaps endear
17 me to many of my antagonists, but be that as it may,
18 I feel I have many reasons now to tell it like it
19 is, or like it has been, and was.

20 As I have seen it, as a marijuana
21 user for fourteen years until last year, at which
22 time I entered Canada.

23 I was arrested on November 7th,
24 1964 in San Diego, California, for a marijuana
25 violation. I was married, and had a three month
26 old child.

27 Until that time, which was ten
28 years, I had, from the time I was arrested, I had
29 never bothered to enquire into the effects of pot
30 from any general articles.

1 Now, since the time of that
2 arrest, I have reviewed approximately eight hundred
3 general articles from various articles.

4 Now, on December 1st, 1964, I
5 faced a five year minimum to life sentence, first
6 offense, and I was told my wife would be charged
7 with conspiracy, and my child would be turned over
8 to the state for good.

9 I was then told if I "co-operated
10 with the police of California, perhaps my wife
11 could remain out of this, and perhaps I would not
12 get as long a sentence." A lot of talk has been
13 focused on drug abuse.

14 What I would like to testify to
15 now, is based on my experiences as an undercover
16 agent for the California Bureau of Narcotics
17 Enforcement, and it concerns the abuse of the
18 drug laws, and the police powers which are used
19 to enforce these laws.

20 Some of you may think at this
21 time, to tell you about my experiences as an under-
22 cover agent in California, has nothing to do with
23 it. Well, I differ on this.

24 Just this morning, there was
25 an R.C.M.P., little complaint that was filed against
26 the R.C.M.P. on their search and seizure activities
27 called unethical and brutal.

28 I tend to think that this is
29 going to continue.

30 I would at this time, say that

1 I worked with two agents. I could mention their
2 names, I don't see any point in mentioning their
3 names.

4 The following tactics employed,
5 that I am going to describe to you, are not figments
6 of my imagination. I lived and worked with these
7 two agents, for over four months.

8 Convictions, as one of the
9 agents told me, the one who works in the background,
10 "I don't care what they take. I am interested in
11 convictions, and promotions."

12 Now, we start from there. How
13 do they get those convictions, and how was I employed
14 to get sixty-four narcotics "convictions" most of
15 which were marijuana convictions, first offenses,
16 people under twenty-four?

17 One. Sex. I worked with two
18 female agents that used sex as a way to entice males
19 to give them marijuana. Furnishing is the same
20 thing as sale in California, and many other states.

21 Secondly, coercion in the form
22 of deals, deals that are made between these two.
23 Threats of impounding children, and property.

24 My own property was impounded,
25 and then returned when I "co-operated."

26 Payment of large sums for a
27 conviction. Now abuse of funds provided for purchase
28 of drugs. I signed vouchers totaling eight thousand
29 dollars. I, in four months of working for them,
30 bought eight hundred dollars worth of narcotics.

1 Where did that money go? I
2 know exactly where it went. It went to liquor,
3 gambling, plush hotels, and prostitutes for these
4 two agents.

5 I lived with them, I know.

6 Now, in regard to another reason
7 how the laws are being abused. I was asked, when
8 officially approached by these agents, I was asked
9 to squelch a dissenter in the United States in
10 1964. Possibly even no one knows his name, it is
11 quite remote, but his name is Mario Savio, a leader
12 of the Free Speech Movement of Berkeley. They
13 offered me complete freedom if I could get this
14 guy, and the words were, "Any way you can."

15 During my work in Palm Springs,
16 L.A., by jet after work, maintaining a full time
17 job with a child and a wife, every part time minute
18 that was available, I was picked up by the agents,
19 one that worked out front with me, all of us carried
20 guns.

21 I worked L.A., I worked Palm
22 Springs, San Diego and Newport Beach, California.

23 Now, these situations are not
24 limited to the U.S. in my opinion. Now we go back
25 to an opinion, and it has been demonstrated to me
26 by the press' indication that someone has made a
27 complaint about an enforcement agency in this town,
28 and quoted them as "gestapo tactics."

29 This is just a press report. I
30 can neither agree with this report, nor disagree with

1 it, because I don't know for sure.

2 But I can say one thing; if the
3 tactics that I have described are engendered or
4 employed in respect to the Narcotics Control Act
5 in Canada, especially regarding marijuana, a very
6 desperate situation will develop, if it hasn't
7 already.

8 An example listed in our brief,
9 is a fist fight, which culminated between two
10 young men from Memorial University at a gathering,
11 over an accusation by one that the other was a
12 "narc", an undercover narcotic agent. Obviously
13 the accused did not agree with this.

14 I want to recommend, on the
15 basis of my experience, that the Commission
16 recommend to the Government of Canada, more checks
17 and balances to take care of the "raw discretionary
18 powers" which are given under the Canadian Narcotics
19 Control Act.

20 Thank you very much.

21 THE CHAIRMAN: I would like to
22 call now, upon Mr. D.B. Thompson, of the Newfoundland
23 Pharmaceutical Association.

24 MR. THOMPSON: Mr. Chairman,
25 and Commissioners, this brief will be short, and
26 to the point, and may not answer all the questions
27 which you may have in mind, but, however, due to the
28 fact that it is only in the last few days we
29 learned of your arrival here, we took it upon
30 ourselves to prepare this brief, rather quickly,

1 and I will read it to you, and welcome your
2 decision to stop me at any time, if you wish
3 clarification.

4 This will constitute a submission
5 from the Newfoundland Pharmaceutical Association.
6 We are pleased to have the opportunity to portray
7 to you, our views on the non-medical use of drugs
8 in Canada, and the Province of Newfoundland in
9 particular.

10 My name is Dr. Thompson, President
11 of the Newfoundland Pharmaceutical Association.

12 I have with me, Mr. Neil Curtis,
13 the Registrar, and Mr. J.J. O'Mara, the Vice-President.
opening

14 In the two pages of our brief,
15 we give a brief outline of the Association, and its
16 makeup. I won't delay the proceedings here by
17 reading this to you.

18 However, you are being presented
19 with copies, and at your leisure you may wish to
20 just see how our Association works.

21 So I would like to move on then
22 to the first type about which we are concerned,
23 and that is hallucinogens.

24 Drugs such as LSD and marijuana,
25 are outside the realm of the average pharmacist
26 and we do not propose to be expert on the subject.

27 Because of this fact, these will
28 not be covered in this brief.

29 The Newfoundland Pharmaceutical
30 Association would, however, like to go on record

1 as saying that it feels the misuse of drugs in
2 many instances leads to dependence, a dependence
3 which could be very harmful to the individual.

4 In respect to this, our
5 Association adds its support to the legislation
6 which outlaws the use of these drugs for other
7 than medical reasons.

8 Prescription drugs. The
9 primary concern of the pharmacist, is naturally
10 that of prescription drugs. This Association
11 feels that the present system of prescribing by
12 physicians, and dispensing by pharmacists, has
13 many pitfalls, and leaves a lot to be desired.

14 One example of this, is over
15 prescribing. Some physicians, and I would under-
16 line the word "some", because this is not a
17 general practice.

18 Some physicians are in the
19 habit of prescribing very large quantities of
20 medications to their patients. This, we feel
21 places unnecessarily large amounts of certain
22 drugs in the hands of lay people.

23 Here we are referring to
24 anti-depressants, diet preparations containing
25 the amphetamines, and so on.

26 Proper instructions. Many
27 physicians neglect to give their patients
28 adequate instructions about the proper use of
29 medications they are receiving.

30 We feel that physicians and

1 pharmacists alike should be very emphatic in
2 explaining to patients, that prescribed drugs^{are} for
3 personal use, and should never be given to another
4 individual.

5 It has already been mentioned
6 here, that very often drugs are passed from one
7 member of the family, or even community, to another.

8 Telephone prescribing. We feel
9 that physicians should be encouraged to eliminate
10 as much as possible, the habit of prescribing by
11 telephone, and this is especially true, when we
12 talk about antihistamines, tranquilizers, sedatives,
13 strong analgesics, etc.

14 Some physicians are guilty of
15 having their office receptionist phone in prescrip-
16 tions to pharmacies. In this day and age, with a
17 youthful public very much aware of the use of
18 drugs, we can easily see how dangerous such a
19 practice is.

20 In this regard, the pharmacist
21 is usually very familiar, at least in this city,
22 with the voice of the prescribing doctor but
23 in no way can the pharmacy be familiar with each
24 and every receptionist in the doctors office, so
25 this voice could easily be used by others outside
26 the office of the doctor, for the obtaining of
27 illegal drugs:

28 Use of drug samples. We feel
29 that the use of sample drugs by physicians should
30 also be discouraged.

1 These samples are usually given
2 to patients in the manufacturers original containers,
3 which tells the strength, dose, etc. of the drugs,
4 and in some cases even its use.

5 Although recent Federal legis-
6 lation has controlled drug sampling somewhat, we
7 feel there is still room for improvement.

8 Repeat prescriptions. Our
9 experience has shown that some physicians do not
10 mark repeat prescriptions properly, or in accord-
11 ance with Federal legislation. Although this
12 Association has time and time again deplored the
13 action, some pharmacists are all too prone to repeat
14 prescriptions, no matter what way repeat instructions
15 are written.

16 Dispensing by non-pharmacists.
17 Although the Newfoundland Pharmaceutical Association
18 has done all in its power to stop the unethical and
19 illegal practice of dispensing by non-pharmacists,
20 this practice is still going on in certain areas
21 of this province.

22 The greater majority of our
23 smaller hospitals do not employ the services of a
24 pharmacist, and dispensing is being done by
25 individuals who have no pharmaceutical training,
26 whatsoever.

27 We recommend that as many
28 hospitals as possible employ a pharmacist, and
29 those who are in no position to do so, should
30 avail themselves of the services of a retail

1 pharmacist, even if it be on a consulting basis.

2 Over the counter preparations.
3 The Second category of drugs that come within the
4 scope of the pharmacist, are drug products that
5 are usually sold in pharmacies, but do not require
6 a prescription to be obtained.

7 These drugs are divided into
8 two categories:- those that come under the
9 Proprietary and Patent Medicine Act, and those
10 that do not.

11 And there has been discussion
12 about these products here this afternoon, and I
13 am afraid that we will have to agree, very much
14 with all that has been said.

15 Products sold in other than
16 pharmacies. Because of the geographic position of
17 many communities in Newfoundland, the sale of
18 drug items in retail outlets, other than pharmacies,
19 is widespread.

20 We feel that in areas where
21 pharmacy service is available, an effort should be
22 made to have the sale of such items curbed in non-
23 drug outlets.

24 Although most of these drugs, and
25 drug products are covered by the Proprietary and
26 Patent Medicine Act, some of them, if used
27 improperly, and extensively, can become harmful.
28 Such items as cough mixture and mild sedatives are
29 examples of this.

30 Dr. Wyatt gave an excellent

1 example of what can happen with some of these
2 products, when he mentioned the case of gravol.

3 We could name many, many more,
4 such as cough syrups. We had an example about a
5 year ago, when several dozen students in an open
6 high school here, went around the high schools
7 with bottles of particular cough syrup in their
8 pockets, and every now and then would swallow a
9 few mouthfuls. And they were quite free, in their
10 explanation, that this was enabling them to get a
11 few kicks.

12 Drug advertising. This Association
13 takes a dim view of the way in which the general
14 public is bombarded with advertising through the
15 media of television, and radio, and newspapers.

16 Some of the advertising is
17 very misleading, in some instances almost false in
18 its claims regarding the use of home medications.

19 I think all we have to do, is
20 look at some of the claims made on television by
21 some of the advertisers, and you know exactly
22 what I mean.

23 Public too well informed. While
24 it is true that the public should be kept informed
25 of the events, or new products that may have an
26 effect on their lives, we feel that in many instances
27 the reporting of certain side effects, etc., of
28 certain drugs, or the reporting of people
29 experiencing euphoric effects from drugs which may
30 be dangerous, instead of having the hoped for

1 detrerring effect, information of this type leads
2 the weak-willed, and ignorant, into experimenting
3 and only adds to the problem.

4 Again, we have a very prime
5 example of this, I guess it was about a year
6 ago, when Newfoundland, and St. John's in
7 particular, had a very startling piece of
8 information placed before it. And namely, this
9 was glue sniffing.

10 There were a bunch of kids
11 that were rushed to hospital as a result of this
12 very dangerous practice, and we feel that it was
13 a result of information gained through the news
14 media of such actions in other parts of the
15 country, and the United States, which aroused the
16 curiosity of these kids, and they wanted to get
17 in on the action.

18 I noticed here this morning, one
19 of the photographers, he was the same one who
20 photographed a sequence of pictures about the same
21 time of a bunch of very young children who were
22 active in glue sniffing, and was shown on
23 television I think this city was very much upset
24 over it, from what they saw, and we can only thank
25 God that this practice was very short-lived, and
26 hopefully we won't be faced with it again.

27 So in conclusion, Mr. Chairman,
28 and Commissioners, I would like to read our
29 recommendations, for your consideration.

30 The Newfoundland Pharmaceutical

1 Association submits the following recommendations
2 for the consideration of the Commission:

3 1. That present legislation
4 regarding addictive and/or dangerous drugs be
5 strengthened where possible.

6 2. The matter of overprescribing
7 and telephone prescribing be brought to the
8 attention of the Canadian Medical Association.

9 3. That present legislation
10 regarding drug sampling, be strengthened where
11 possible.

12 4. That greater enforcement of
13 legislation covering repeat prescriptions be made.

14 5. That certain restrictions
15 be placed on certain drugs that now come under the
16 Proprietary and Patent Medicine Act.

17 6. That stronger legislation
18 be introduced to control misleading advertising
19 of drug products.

20 Once again, Chairman, . may I
21 thank you for the opportunity of appearing before
22 you, and we respectfully submit this for your
23 consideration.

24 THE CHAIRMAN: Thank you, Mr.
25 Thompson.

26 MR. STEIN: Could you perhaps
27 expand on the word "strengthen" in your first
28 recommendation, and "dangerous drugs."

29 Are you referring there to your
30 paragraph on hallucinogens, particularly, or alcohol?

1 What did you have in mind
2 there?

3 DR. THOMPSON: Well as I
4 said at the outset, we are not experts in the
5 field of hallucinogens, by any means, but from
6 what we see of other misuses of drugs, we are
7 referring here to that type.

8 MR. STEIN: And by "strengthening",
9 could you indicate what you mean by that?

10 DR. THOMPSON: Well, we would
11 like ---

12 MR. STEIN: Strengthening, in
13 other words, towards what end?

14 The suggestion -- I am trying
15 to repeat the question I have asked all day, that
16 the suggestion has been made that the present laws
17 and perhaps the increasing punitiveness of our
18 present laws, would not really strengthen the
19 control of these hallucinogenic drugs, that they
20 would -- suggestions have been made that they would
21 drop further out of control.

22 Are you suggesting strengthening
23 the control, or increasing the prison penalties,
24 or just what do you have in mind?

25 DR. THOMPSON: Well I think it
26 is strengthening control. That is ---

27 MR. STEIN: And you are not
28 at the point where you could make some specific
29 recommendation, as to what that might mean in
30 relation to the law, or are you?

1 DR. THOMPSON: No, we are
2 really not.

3 I think this is, as I said,
4 out of our scope, and we were just looking at
5 this problem as any other private individual.

6 MR. STEIN: Thank you.

7 THE CHAIRMAN: Well then, I
8 think the time has come to adjourn our hearing
9 here in St. John's.

10 It has been a very helpful
11 day for us, and I want to thank everyone who
12 has come out to assist us, and we want to
13 express our appreciation for the manner in which
14 we have been received here.

15 Thank you all.

16
17 --- Upon adjourning at 5:15 P.M.
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